

Name
in
Full

Wm Grant Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death		Month	Day	Years	Months
190		8	August	88	Age
Sex	Male	Color or Race	Dark	Birth-place	Md
Occupation	None		Where Residing if not at place of death	Md Preston	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Md
Father's Name	Wylsje Grant Adams		Daugh	Mother's Birthplace	Md
Mother's Maiden Name	Sarah Lawrence		Sarah Lawrence	Now related to deceased	Mack
Name of person giving Information	Sarah Lawrence				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infarct

(105)

How long

4 days

Immediate

Heart failure

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

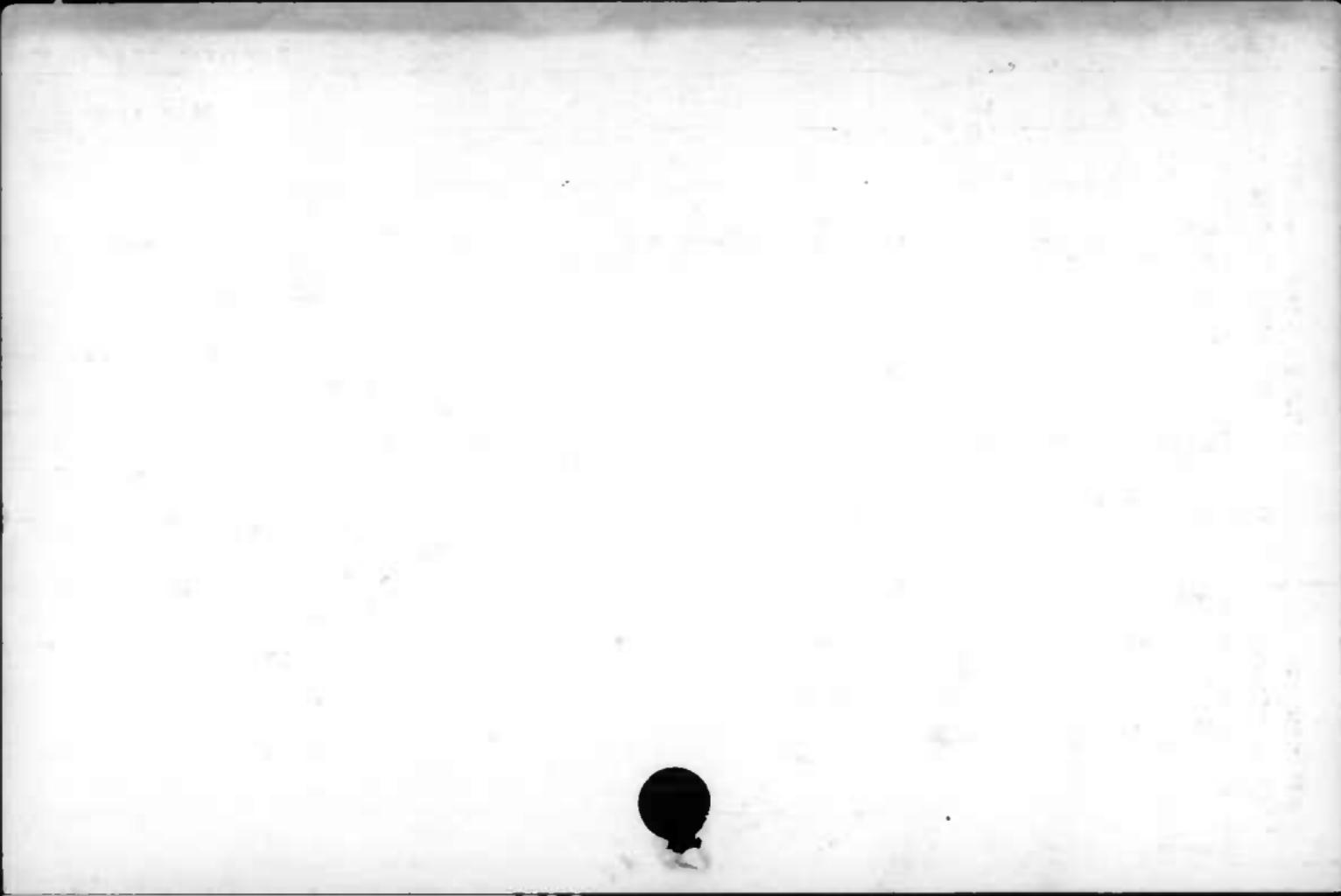
Signature of Physician

Address



Raymond Dowdey
Preston, Md
Oct 13

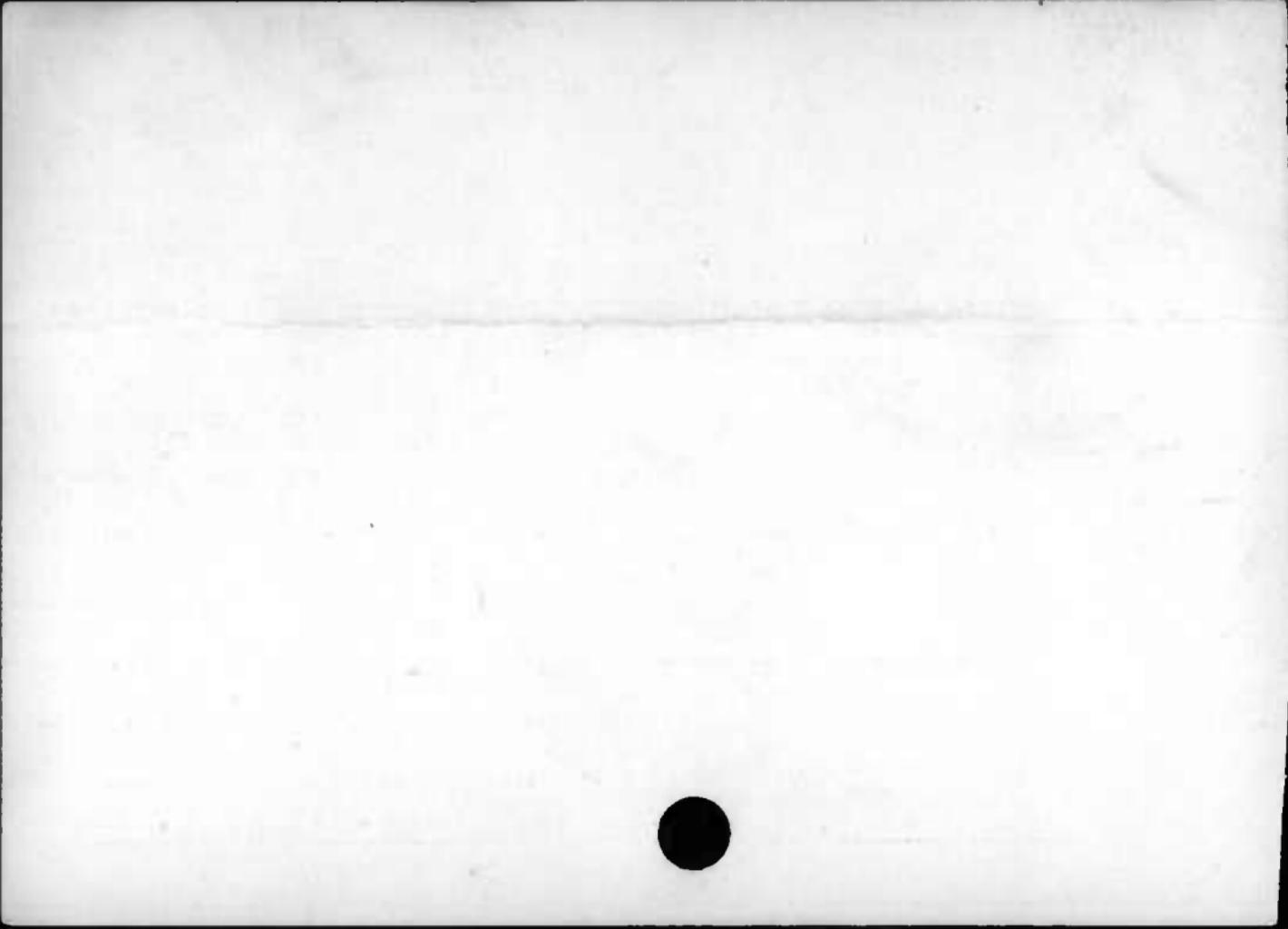
Accident or Suicide



Henry Ayers

CERTIFICATE OF DEATH

Died at <u>Goldstone</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>19</u>	Years	Months <u>11</u>	Days <u>26</u>
Sex <u>male</u>	Color or Race <u>White</u>	Age	Birth-place <u>Maryland</u>		
Occupation	Where Residing if not at place of death <u>+</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband	<u>+</u>	<u>+</u>		
Father's Name <u>asa ayers</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Edna Booken</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>asa ayers</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					
Primary <u>Cholera Infantum</u>	105				
Immediate " "	How long <u>One day</u>				
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W.W. Alderson</u>				
	Address <u>Preacher boy, Md.</u>				
Accident or Suicide? <u>I</u>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Nellie Elewora Bettton
Town County
Died at Ridgely Baroline
Date of death 190 Month Day Years Month Days
1908 Aug 9 4 21
Sex Female Color or Race White Birth-place Maryland
Occupation
Where Residing if not at place of death
Married, Single or Widowed Name of Wife or Husband
Father's Name Jos. B. Bettton Father's Birthplace Md -
Mother's Maiden Name Eliza Pendleton Mother's Birthplace Md -
Name of person giving Information Jos. B. Bettton How related to deceased Father -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus
Exhaustion

179 How long

3 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

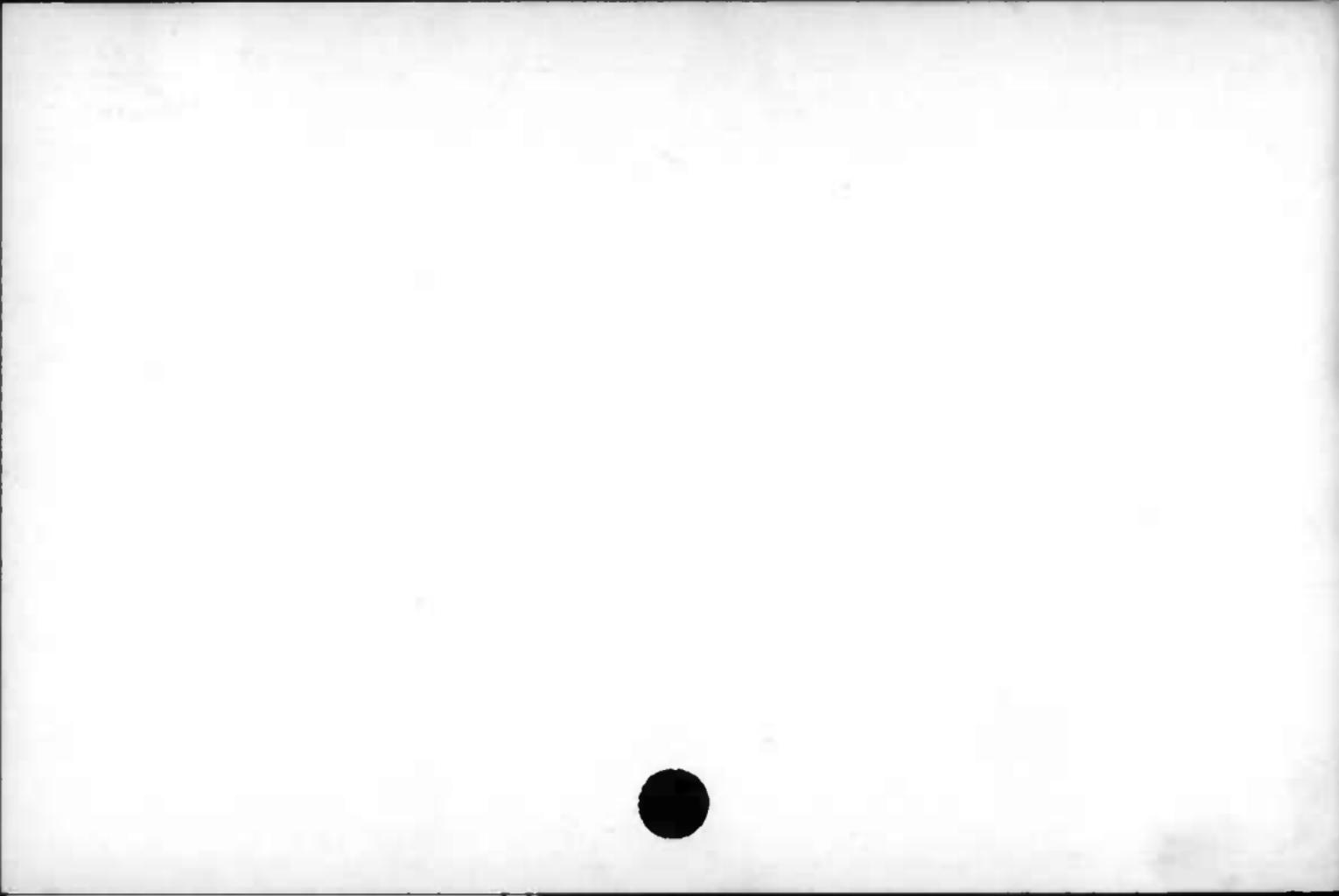
Signature of
Physician

Address

D. A. Hone
Ridgely, Md.

Accident or Suicide

No



Name
in
Full

Mary R. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u>		Town <u>Caroline</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>8</u>	Day <u>12</u>	Years <u>49</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Wisconsin</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joe H. Brown</u>				
Father's Name <u>Samuel Blount</u>	Father's Birthplace <u>Want know</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Don't know</u>				
Name of person giving information <u>Joe H. Brown</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

2 weeks

Immediate

Parox

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

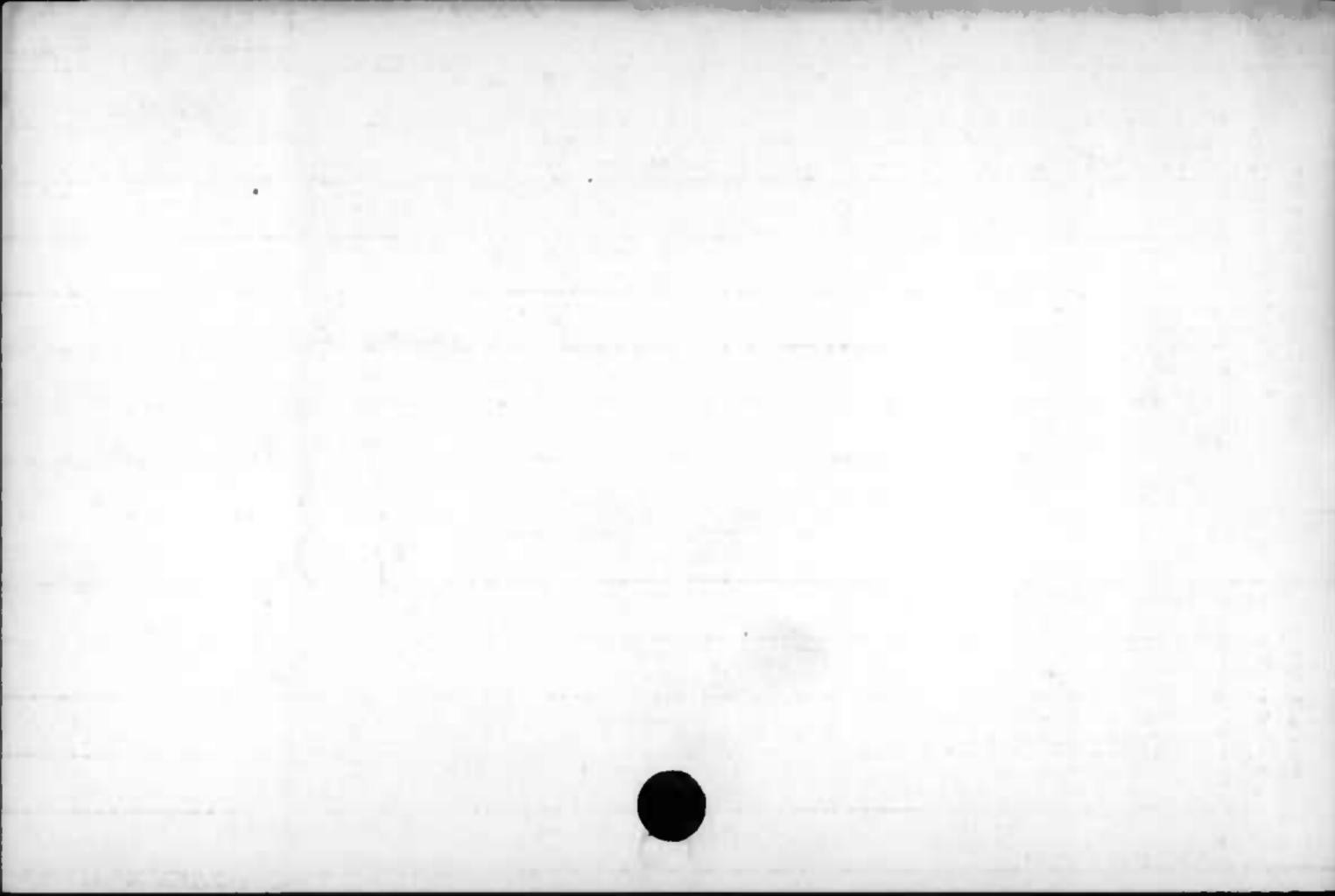
P.R. Fisher

Denton

Ind.

Accident or Suicide?

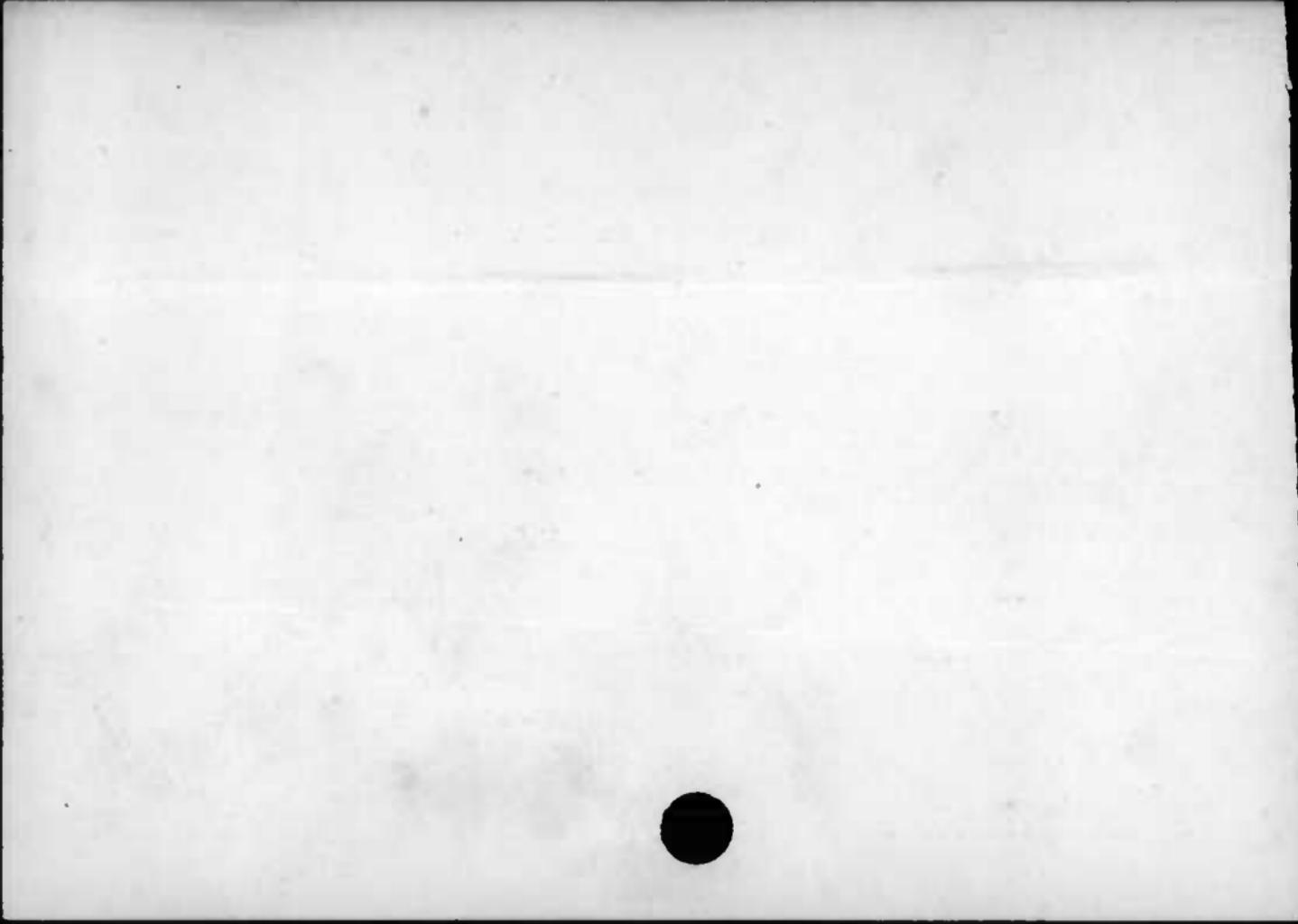
No



William Butler

CERTIFICATE OF DEATH

Died at <u>New Goldsboro</u> Town		County <u>Caroline</u>		MARYLAND		
Date of death <u>1908 Aug.</u>	Month <u>Aug.</u>	Day <u>2</u>	Years <u>—</u>	Months <u>3</u>	Days <u>10</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Caroline Co</u>		
Occupation <u>none</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>✓</u>			Father's Birthplace <u>Maryland</u>		
Father's Name <u>Sgt. Butler</u>			Mother's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Sister Barron</u>			How related <u>to deceased</u>			
Name of person giving information <u>Benj. Newell</u>			How long <u>2 weeks</u>			
CAUSES OF DEATH				103		
Primary <u>old enteritis</u>						
Immediate <u>Exhaustion</u>						
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<u>Geo. Goldsboro</u>			
		Address	<u>Goldsboro Md</u>			
Accident or Suicide?						



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Butler

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	190	Month	Day	Years	Month	Days
Sex	Female	Color or Race	Age at Birth		Birth-place	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	William H. Butler			Father's Birthplace Maryland		
Mother's Maiden Name	Bertha Butler			Mother's Birthplace Maryland		
Name of person giving Information	William H. Butler			How related to deceased Father		

CAUSES OF DEATH

Primary

Suffocation

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yea

Signature of Physician

Address

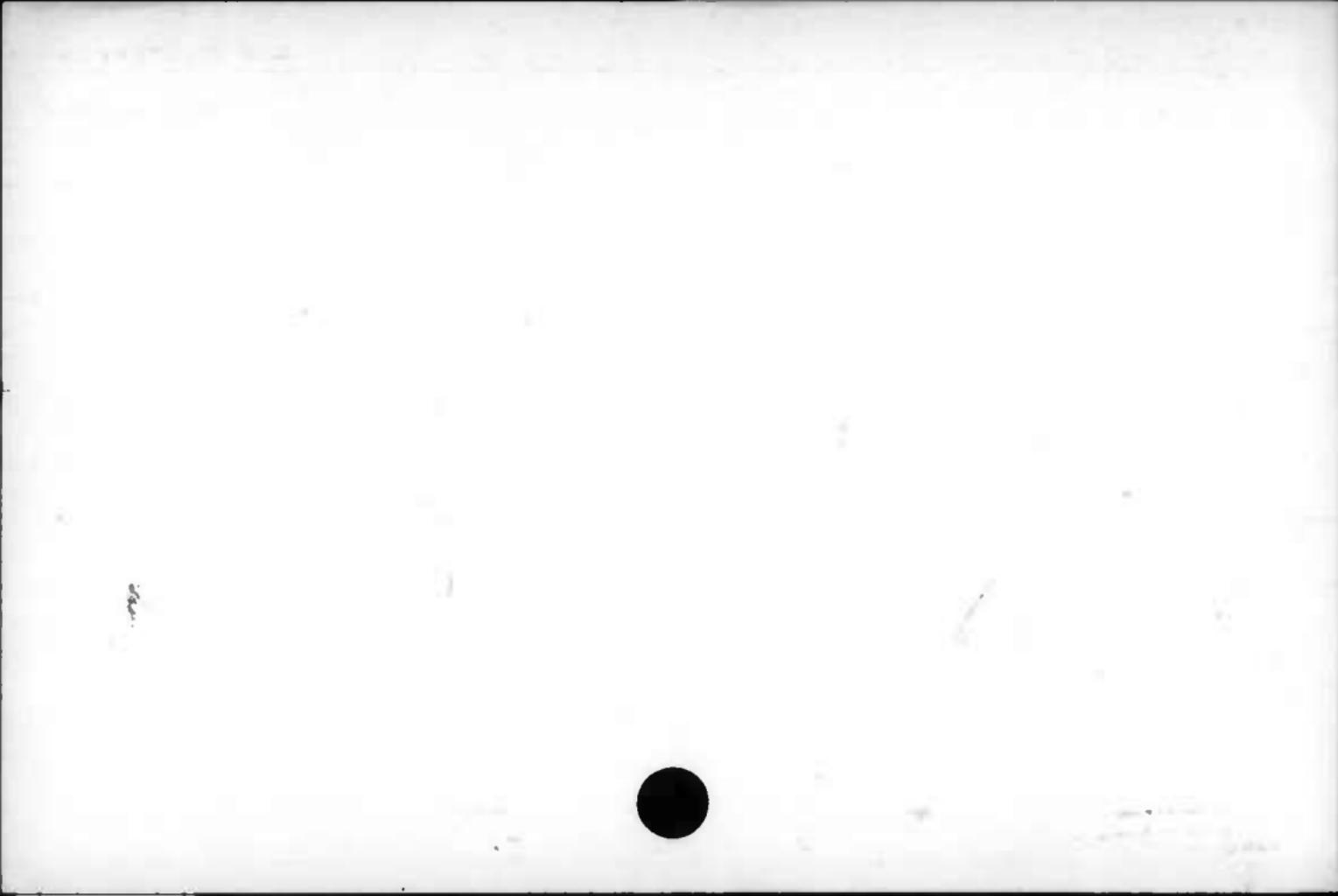
8

How long

How long

J. Hoble
Preston
Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Richard Butler

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race		Birth-place				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Mother's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving Information	How related to deceased						

Denton

Caroline

1908 8 22 64

Male White Md

Farmer

Same

Married Eliza Wolf

Richard Butler

Dent

Eliza Butler

Eliza Butler

Wife

CAUSES OF DEATH

Primary

Cancer (45)

How long

2 years

Immediate

Same

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

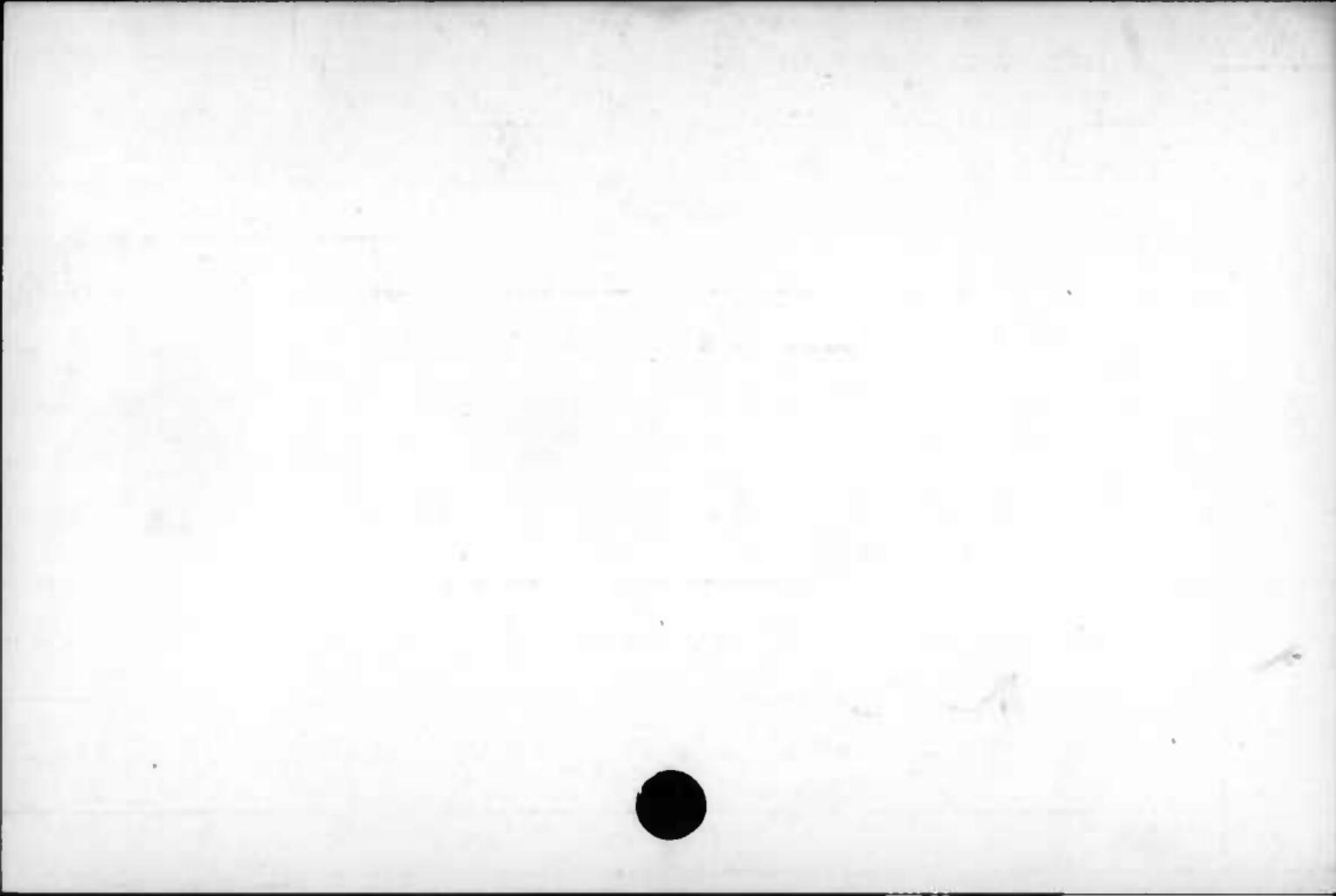
Address

P.H. Fisher

Denton

Md

Accident or Suicide?

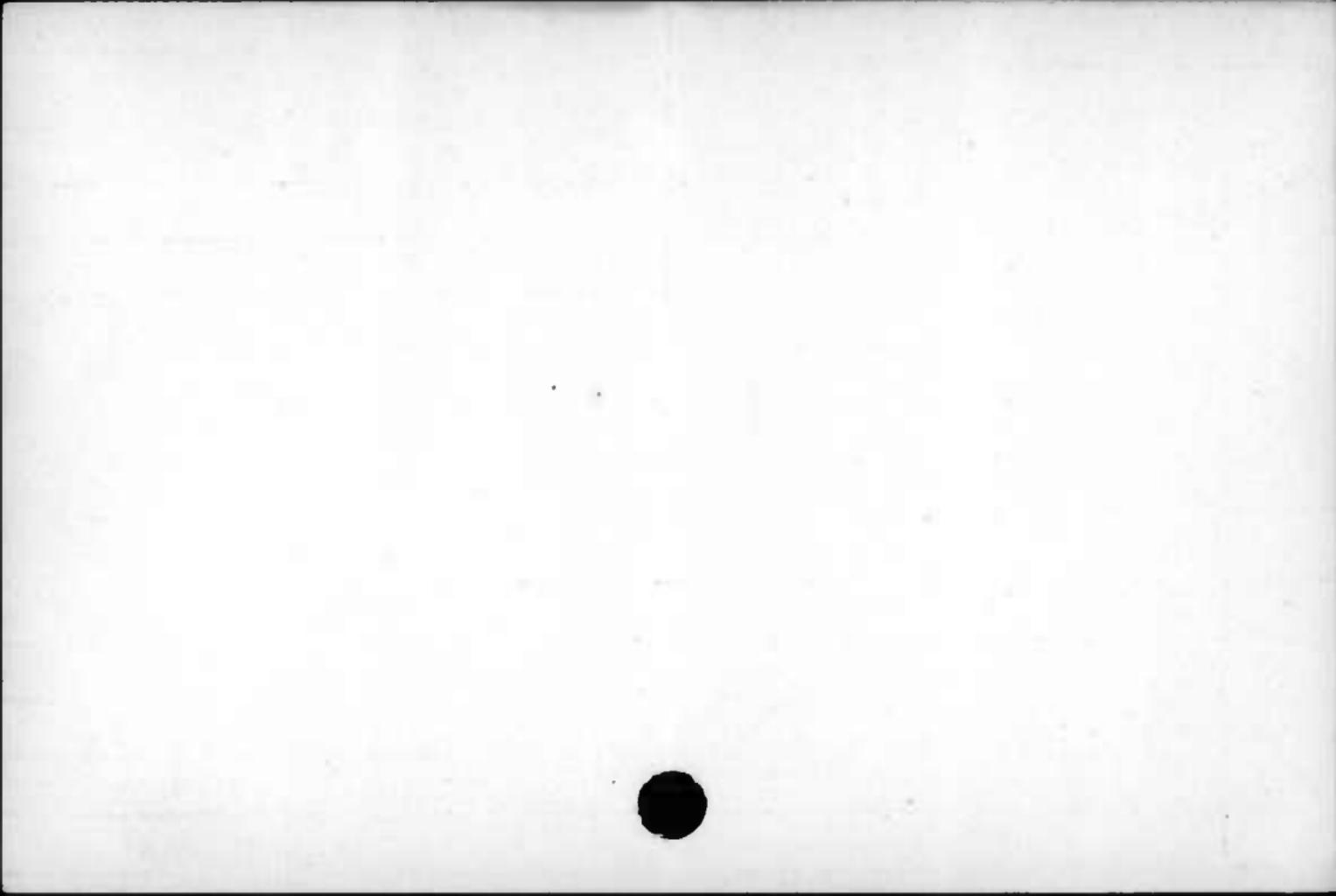


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Bayard Farnon				
Father's Name	John Brown					Father's Birthplace
Mother's Maiden Name	John Brown					Mother's Birthplace
Name of person giving Information	Bayard Farnon					How related to deceased
CAUSES OF DEATH						43
Primary	Breast Cancer					How long
Immediate						several years
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
yes			R. F. Jefferson			
			Address			
			Federalsburg			
			Md			
PHYSICIAN OR CORONER	Accident or Suicide?					LIBRARY BUREAU ASSOC.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Billy A. Carter

CERTIFICATE OF DEATH

Died at <u>Benton</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>8</u>	Day <u>18</u>	Years <u>1</u>	Age <u>1</u>	Months <u>10</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Same</u>				
Occupation <u>None</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>					
Father's Name <u>Alfred Carter Jr</u>			Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Ledia Buttry</u>			Mother's Birthplace <u>Ind</u>			
Name of person giving Information <u>Alfred Carter Jr</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

6

Primary

Musles

How long

One week

Immediate

Dr. Smith Presely

How long

One week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

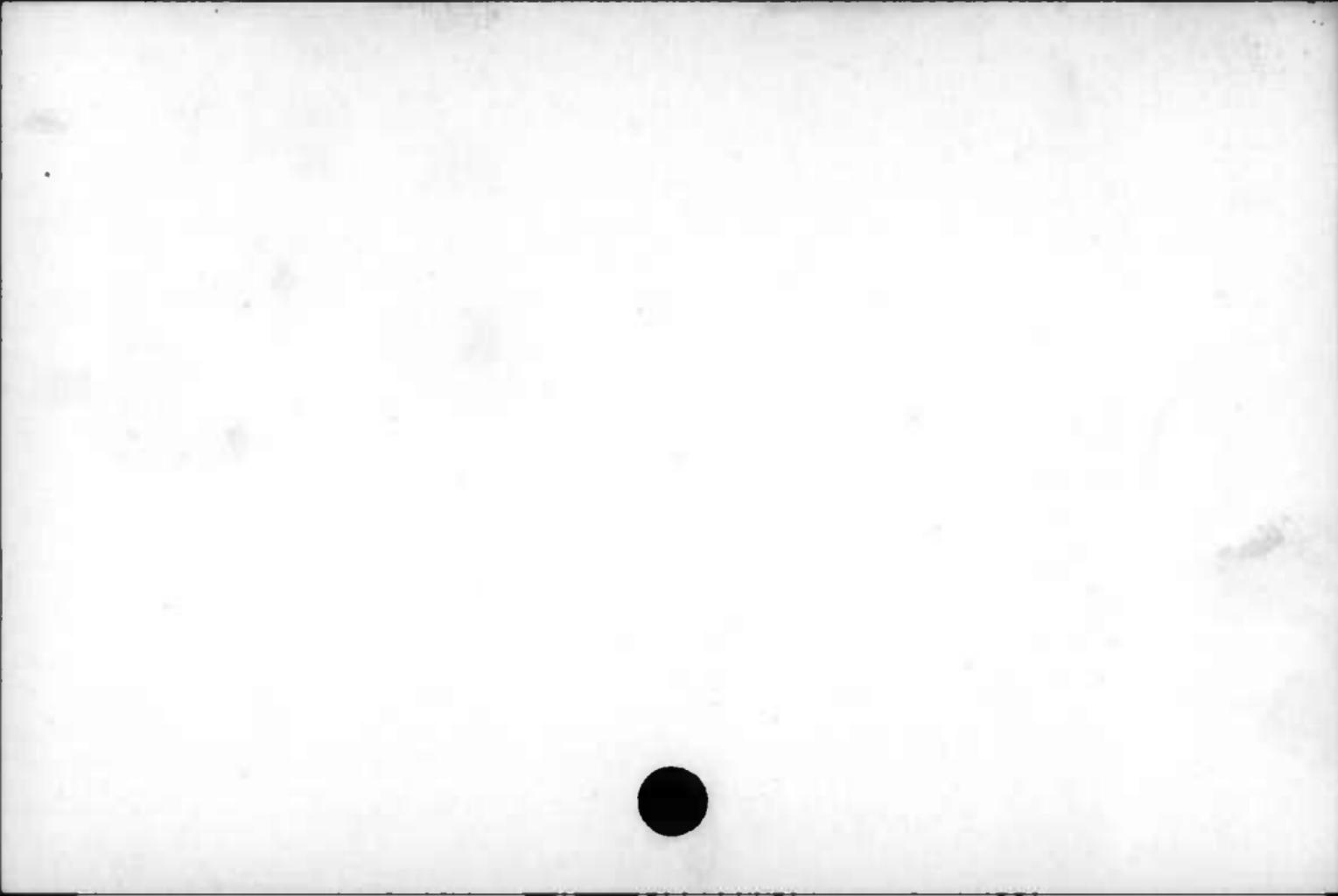
Address

P.R. Fisher

Doctor Ind

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Tylghman Nichols Chance
Town Preston County Baltimore
Died at Preston County Baltimore
Date of death 1908 Month Aug Day 20 Age 82 Months 9 Days 4
Sex Male Color or Race white Birth-place Federalsburg MD
Occupation Farmer Where Residing if not at place of death Preston
Married, Single or Widowed Married Name of Wife or Husband Rebecca Reynolds
Father's Name Tylghman Chance Father's Birthplace L.A. Ca
Mother's Maiden Name Nancy Nichols Mother's Birthplace Baltimore
Name of person giving Information Rebecca Chance How related to deceased Widow

CAUSES OF DEATH

Primary

Chronic Bright's

120

How long

?

Immediate

Uremic Passings

How long

8 days

Are the name, age, sex, color, date and place correctly given above?

Yes

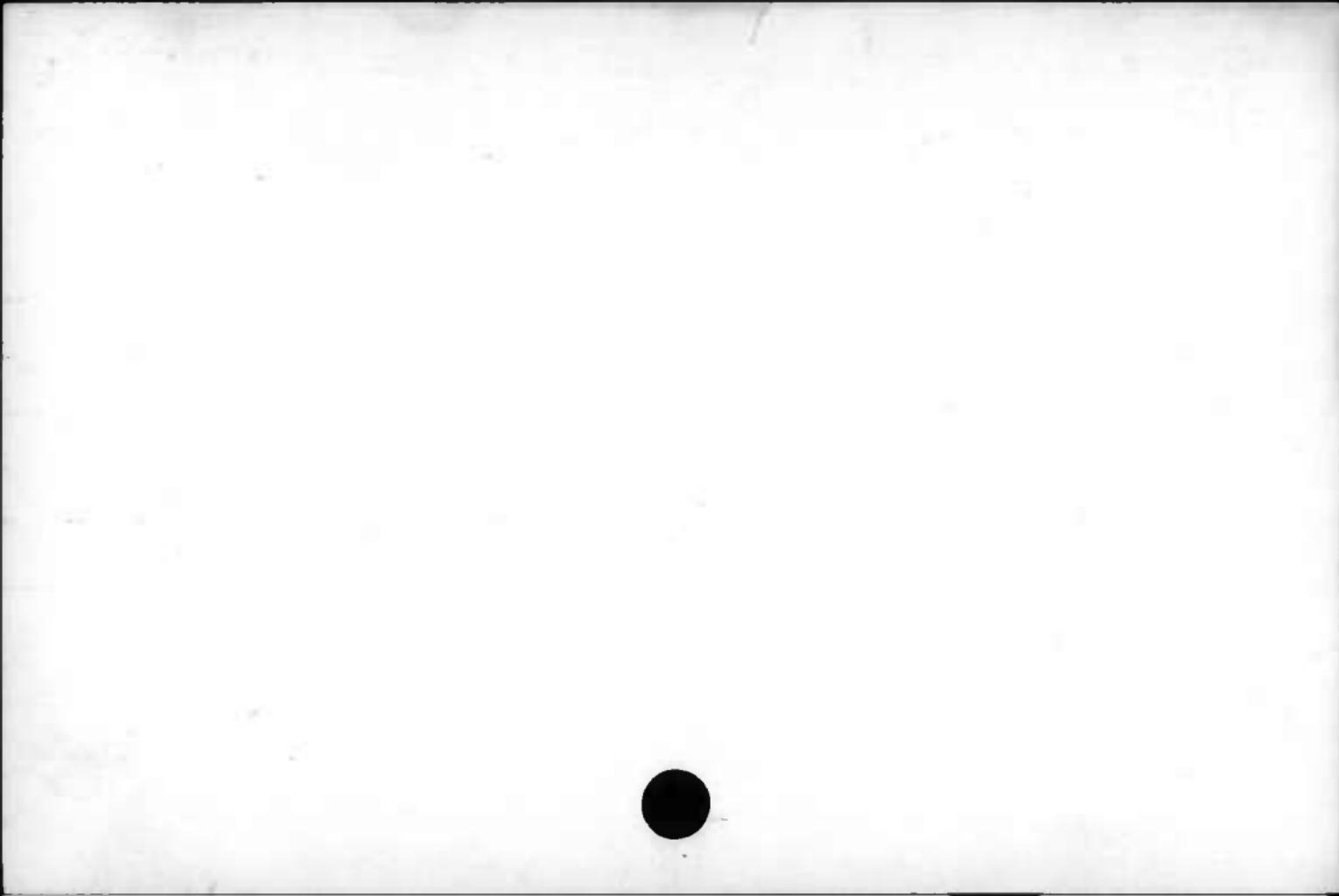
Signature of Physician

Address

Reynard Darrow

Preston

Accident or Suicide



Name
in
Full

Abram Collins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND			
Date of death		1908 Aug 31	Month Day	Years	77	Months	Days	
Sex	male	Color or Race	black	Age	Birth-place	md		
Occupation	laborer	Where Residing if not at place of death						
Married, Single or Widowed	married	Name of Wife or Husband	Mary Brumington					
Father's Name	Levin Collins	Father's Birthplace						
Mother's Maiden Name	unknown	Mother's Birthplace						
Name of person giving Information	mary Collins	How related to deceased						

CAUSES OF DEATH

79

How long

several years

How long

PHYSICIAN
OR CORONER

Primary

Heart Disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

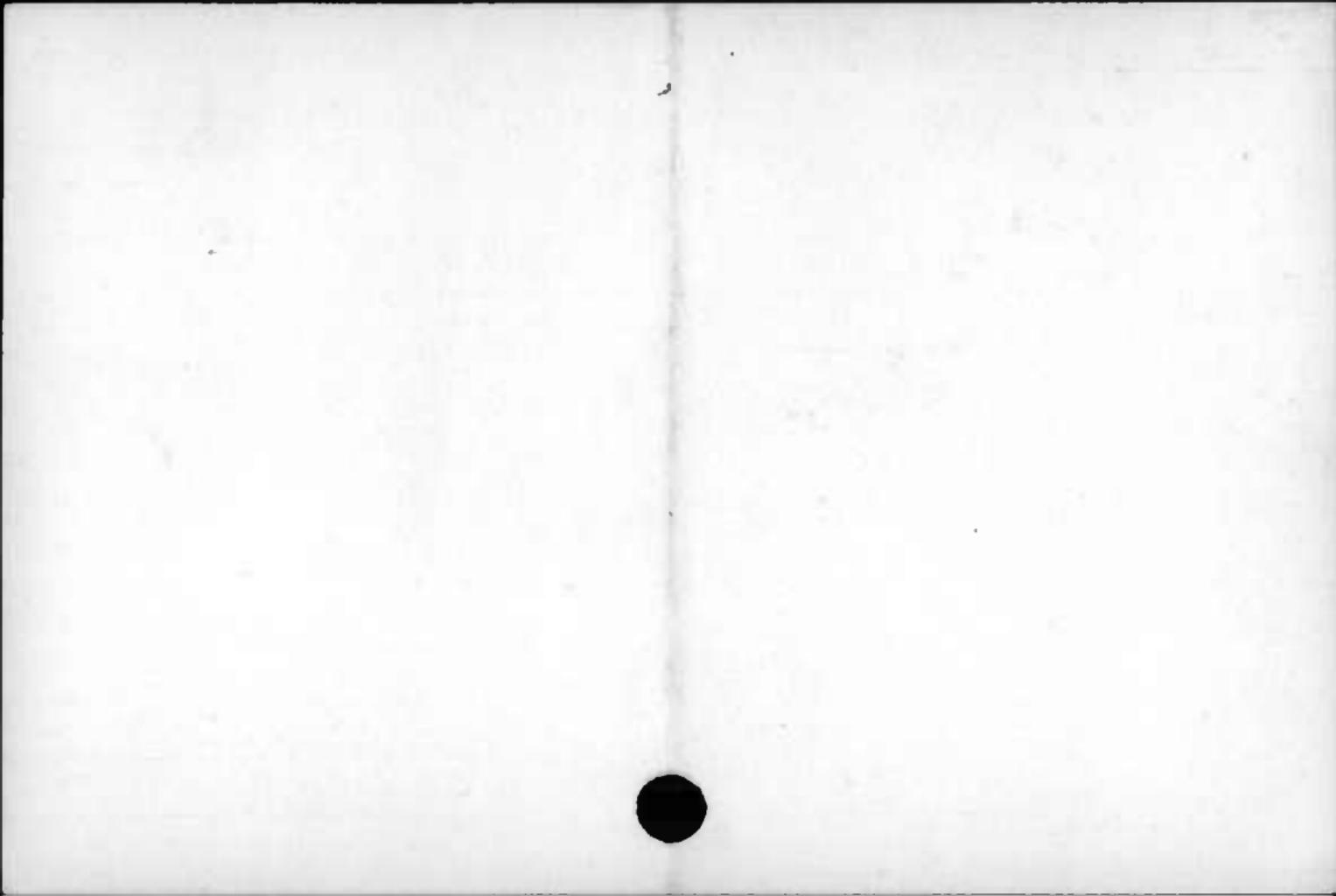
yes

Signature of Physician

Address

B. Kemp Jefferson
Federalsburg
md

Accident or Suicide?



Name
in
Full

John W. F. Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1908		8	18	79	-	-
Sex	Male	Color or Race	White	Birth-place	Towd	
Occupation	Printer			Where Residing if not at place of death	Same	
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Cooper	Father's Name	And	
Father's Name	Jonathan Cooper			Mother's Name	And	
Mother's Maiden Name	Louisa Tumay			How related to deceased	Daughter	
Name of person giving Information	M. J. Belle Lunn			How long	Two years	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Breasts & Head Disease

How long

Immediate

Lun

How long

Are the name, age, sex, color, date
and place correctly given above?

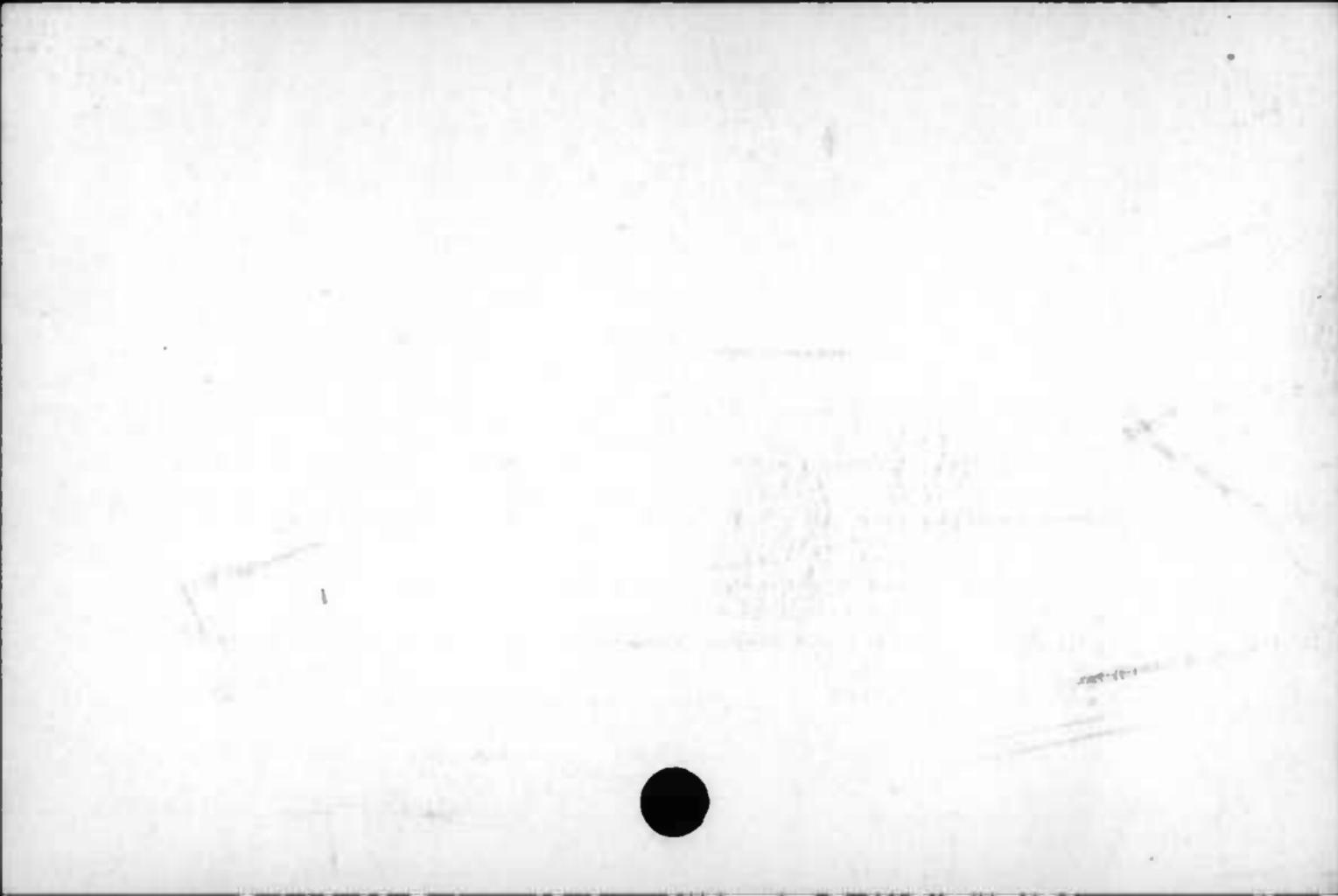
Signature of
Physician

P. R. Fisher

Address

Dentor

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Pearl Cooper.

CERTIFICATE OF DEATH

Died at <u>Denton</u> Town		County <u>Pershing</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>8</u>	Day <u>31</u>	Years <u>19</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Baltimore</u>			
Occupation <u>School girl</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Eliza C. Cooper.</u>	Father's Birthplace <u>Mr.</u>				
Mother's Maiden Name <u>Sarah. Bailey</u>	Mother's Birthplace <u>Mr</u>				
Name of person giving information <u>Drs. Bailey</u>	How related to deceased <u>Muse</u>				

CAUSES OF DEATH

Primary

Tuberculosis of Lung

27

How long

Months

Immediate

Heart Failure

How long

Hours

Are the name, age, sex, color, date and place correctly given above?

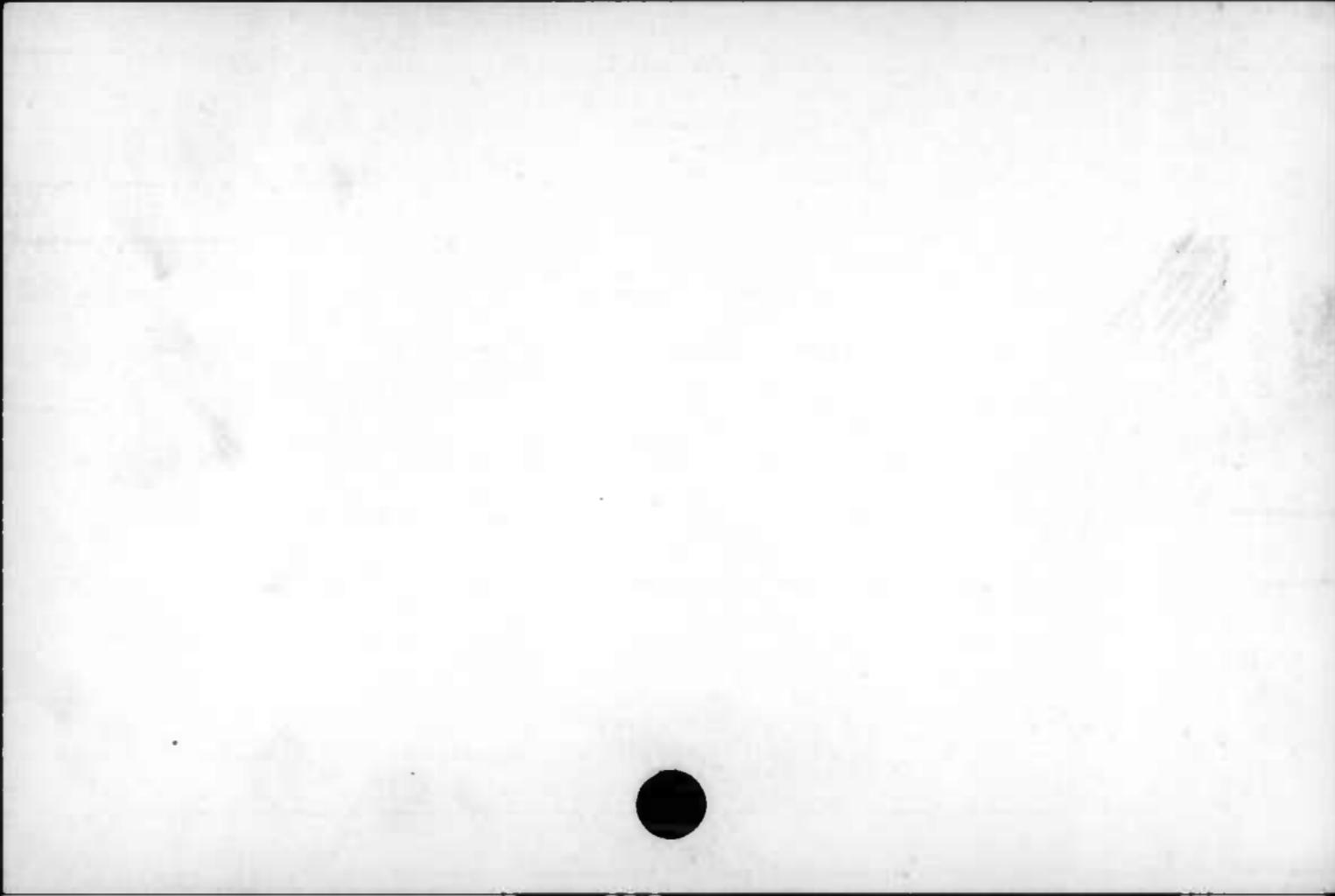
Yes

Signature of Physician

Address

J. M. Miller
Denton Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George K. Govey

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	Aug	28	5	9	13	
Sex	male	Color or Race	white	Birth-place	Md	
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	Luther Govey			Father's Birthplace	Md	
Mother's Maiden Name	Mary Nichols			Mother's Birthplace	Md	
Name of person giving information	Luther Govey			How related to deceased	father	

CAUSES OF DEATH

166

Primary

Horse kicked him out

How long

sudden

Immediate

of a carriage.

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. Kemp Jefferson
Federalsburg
Md

Accident or Suicide?

The horse's feet struck him over the kidneys.
He was dead when picked up.

R K Jefferson.

Name
in
Full

Laura Elizabeth Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Ridgely Caroline Md.
1908 Aug. 9th 9 31
Female white Md.
Occupation _____
Married, Single _____ Name of Wife or Husband _____
Caleb Elliott Del.
Mary Hunkleburger Pg
Caleb Elliott Hattie

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera Infantum

Immediate Exhauation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. C. Madara
Ridgely Md.

Accident or Suicide?

Bousbouz

George Monroe French.

CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND	
Ridgely			Caroline			
Date of death	Month	Day	Years	—	Months	Days
1908	Aug	24th	Age	—	8	11
Sex	Color or Race		Occupation		Birth-place	
Male	Caucasian				Ridgely	
Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband					
Single	John B. French.					
Father's Name			Father's Birthplace			
John B. French.			Dela.			
Mother's Maiden Name	Lulu May Breeding		Mother's Birthplace			
			Dela.			
Name of person giving information	John B. French		How related to deceased			
			Father.			

CAUSES OF DEATH

105

How long

Four weeks.

How long

Twenty four hours.

Primary

Des. Colitis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes.

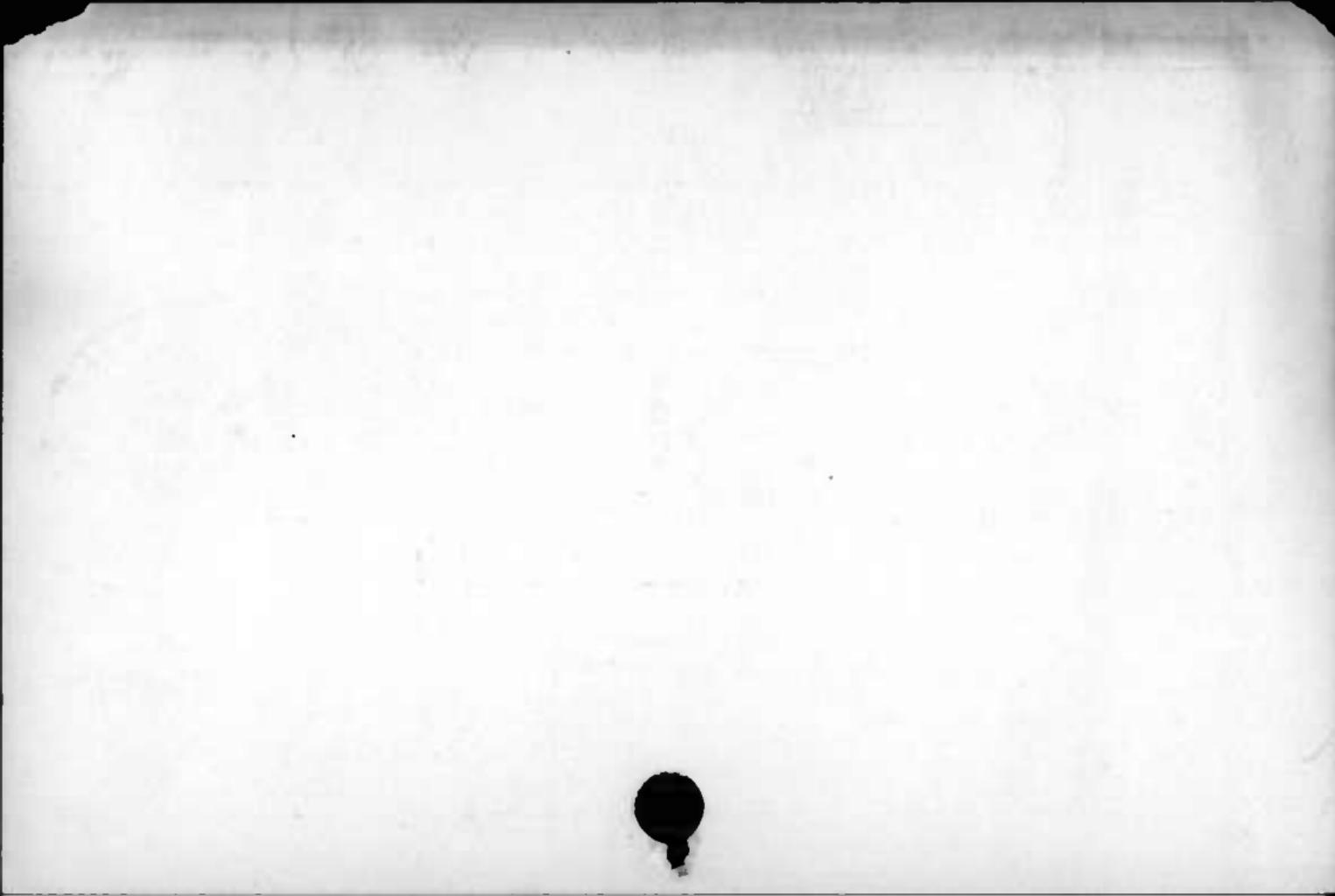
Signature of Physician

J. M. Carriker M.D.

Address

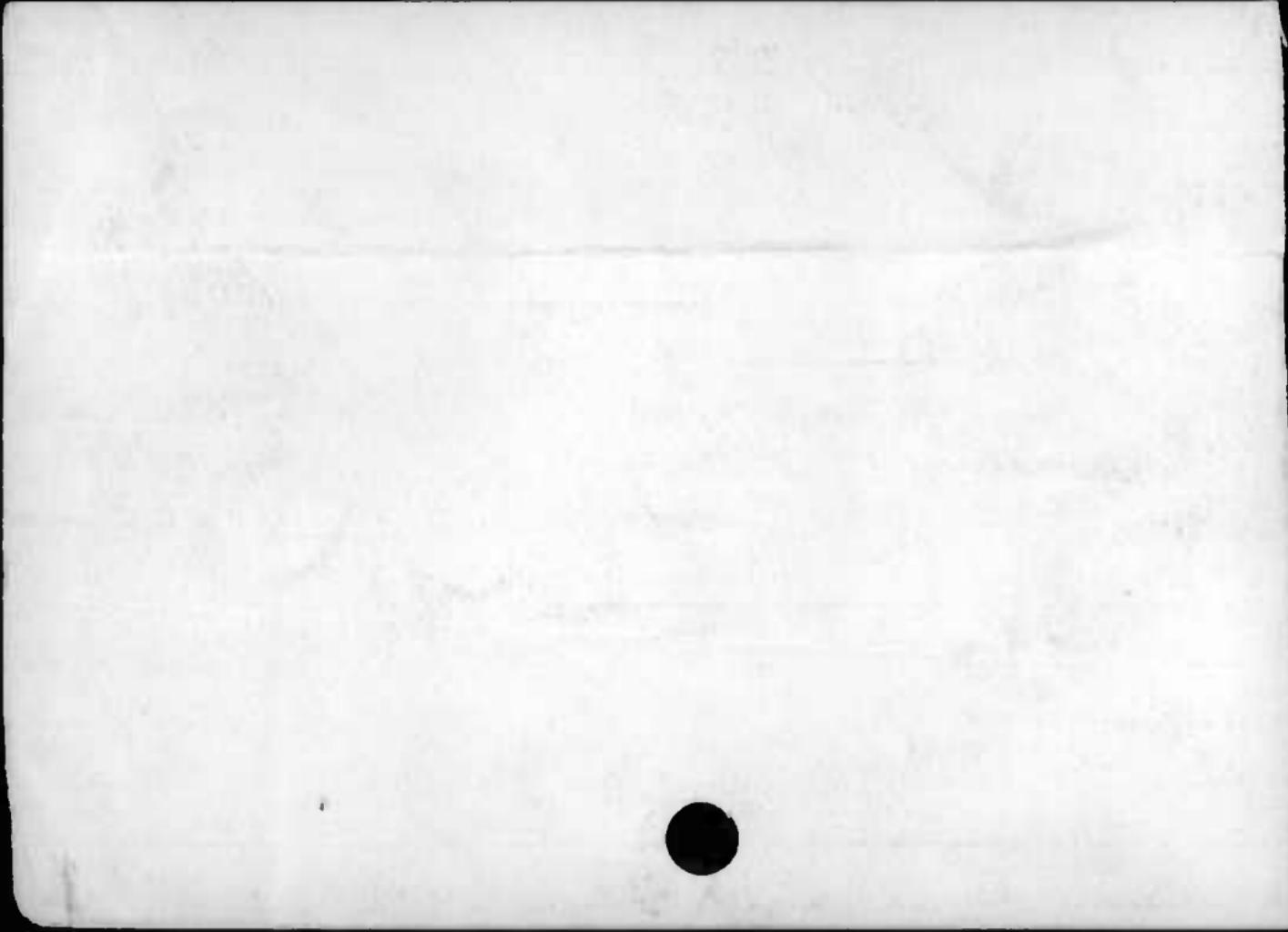
Ridgely
MD

Accident or Suicide?

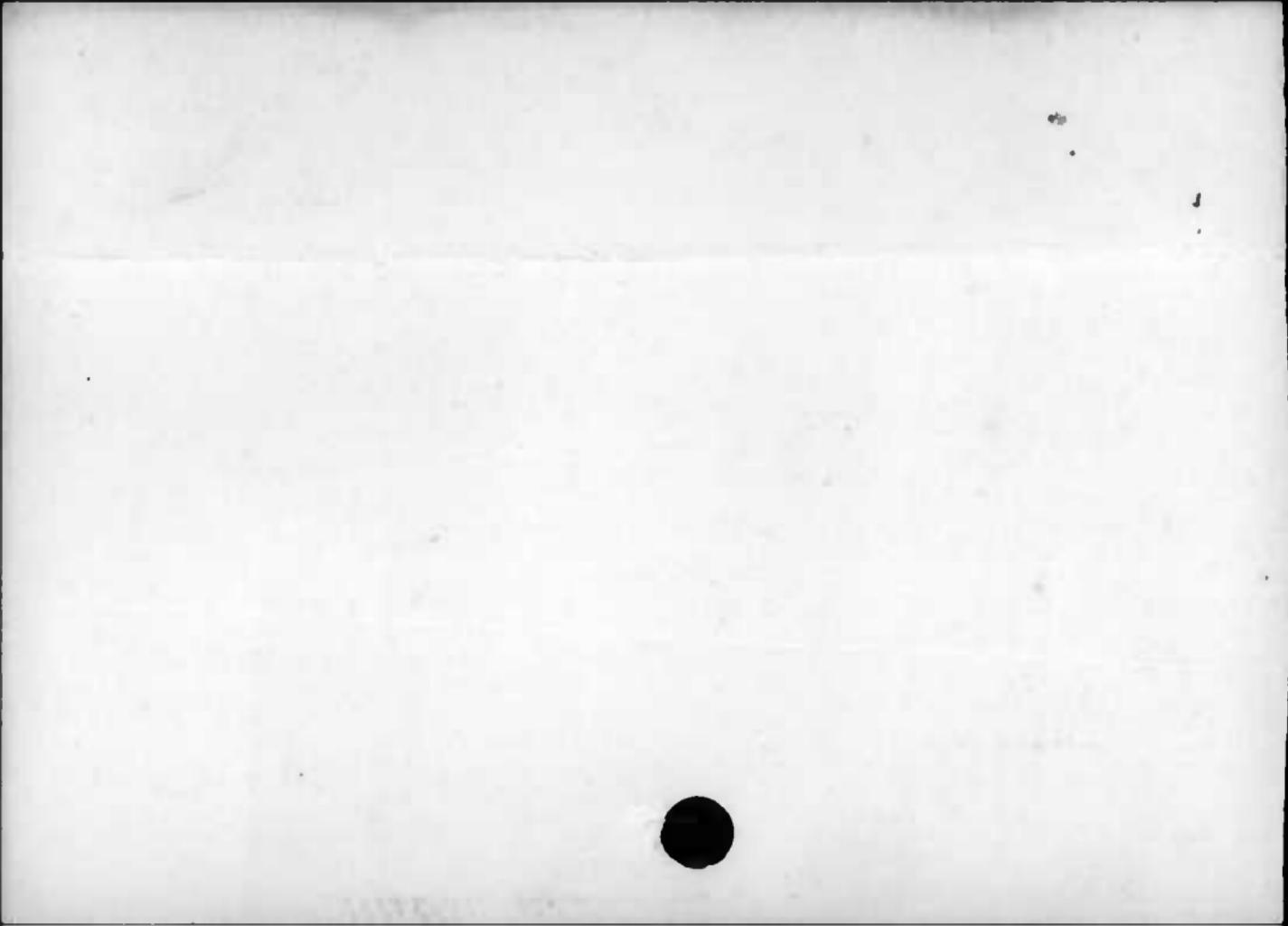


CERTIFICATE OF DEATH

Died at <u>Marshall</u>		Town <u>Caroline</u>	County <u>MARYLAND</u>
Date of death <u>1908</u>	Month <u>Aug.</u>	Day <u>9</u>	Years <u>63</u>
Age <u>63</u>	Color or Race <u>Black</u>	Birth-place <u>Dela. Kent Co.</u>	Months <u>—</u>
Sex <u>Female</u>	Where Residing if not at place of death <u>at home</u>		
Occupation <u>Housewife</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joseph Anna Giff</u>	Father's Name <u>Emory Evans</u>	Father's Birthplace <u>Dela. Kent Co.</u>
Mother's Maiden Name <u>Loy D. M. Kunn</u>		Mother's Birthplace <u>Dela.</u>	
Name of person giving Information <u>G. H. Daniel</u>		How related to deceased <u>relation</u>	
CAUSES OF DEATH			
Primary <u>Asthma</u>	97		
Immediate <u>Heart failure</u>	How long <u>2 yrs.</u>		
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. E. Evans</u>		
	Address <u>Marshall, Md.</u>		
Accident or Suicide? <u>I</u>			



					CERTIFICATE OF DEATH		
Died at <u>Goldsboro</u>		Town	County <u>Caroline</u>		MARYLAND		
Date of death <u>1908 Aug</u>	Month <u>3</u>	Day <u>3</u>	Years <u>—</u>	Age <u>—</u>	Months <u>11</u>	Days <u>3</u>	
Sex <u>girl</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>					
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>S</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Howard Sotts</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Zatta Goldsboro</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving information <u>Zatta Goldsboro</u>	How related to deceased <u>Mother</u>						
CAUSES OF DEATH							
Primary <u>Bonee consumption</u>							
How long <u>3 weeks</u>							
Immediate							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		William S Cooper			
<u>yes</u>		Address		<u>Goldsboro</u>			
				<u>acting coroner</u>			
Accident or Suicide?							
LIBRARY BUREAU 488016							

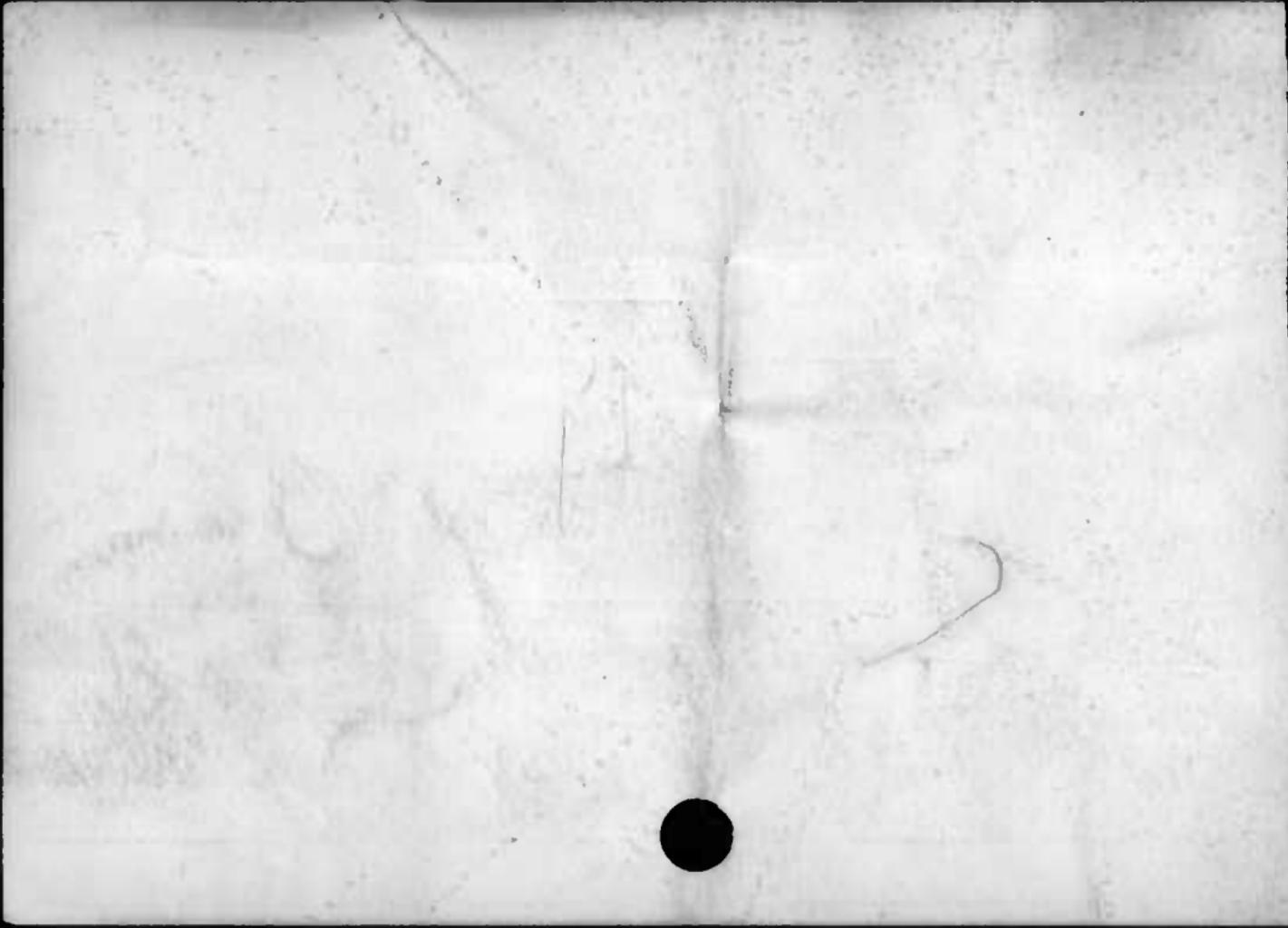


Barbara Katie Galla

CERTIFICATE OF DEATH

Died at <u>Marydel</u> Town		County <u>Caroline</u>		MARYLAND			
Date of death <u>1908</u>	Month <u>Aug.</u>	Day <u>17</u>	Years <u>—</u>	Months <u>7</u>	Days <u>17</u>		
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Marydel</u>		at home.			
Occupation <u>—</u>	Where Residing if not at place of death		—				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		—				
Father's Name <u>Joseph Galla</u>	Father's Birthplace <u>Dear Md.</u>		—				
Mother's Maiden Name <u>Mary Faulkner</u>	Mother's Birthplace <u>Iola</u>		—				
Name of person giving information <u>H.E. Evans</u>	How related to deceased <u>nef</u>		—				
CAUSES OF DEATH							
Primary <u>Cholera in faeces</u>	How long <u>one week</u>		—				
Immediate <u>heat</u>							
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H.E. Evans</u>		—				
<u>Yes</u>	Address <u>Marydel, Del.</u>		—				
Accident or Suicide? <u>—</u>							

105



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Florence Howard

Town

Died at Federalsburg

County

Caroline

MARYLAND

Date

Month

Day

of death 1908

Aug

Years

Age

Months

6

Days

7

Sex

female

Color or
Race

white

Birth-
place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Ben J. Howard

Father's
Birthplace

md

Mother's
Maiden Name

Sophie Eastwood

Mother's
Birthplace

Pa

Name of person giving
Information

B. J. Howard

How related
to deceased

Father

CAUSES OF DEATH

14

How long

2 months

How long

Primary

Dysentery

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

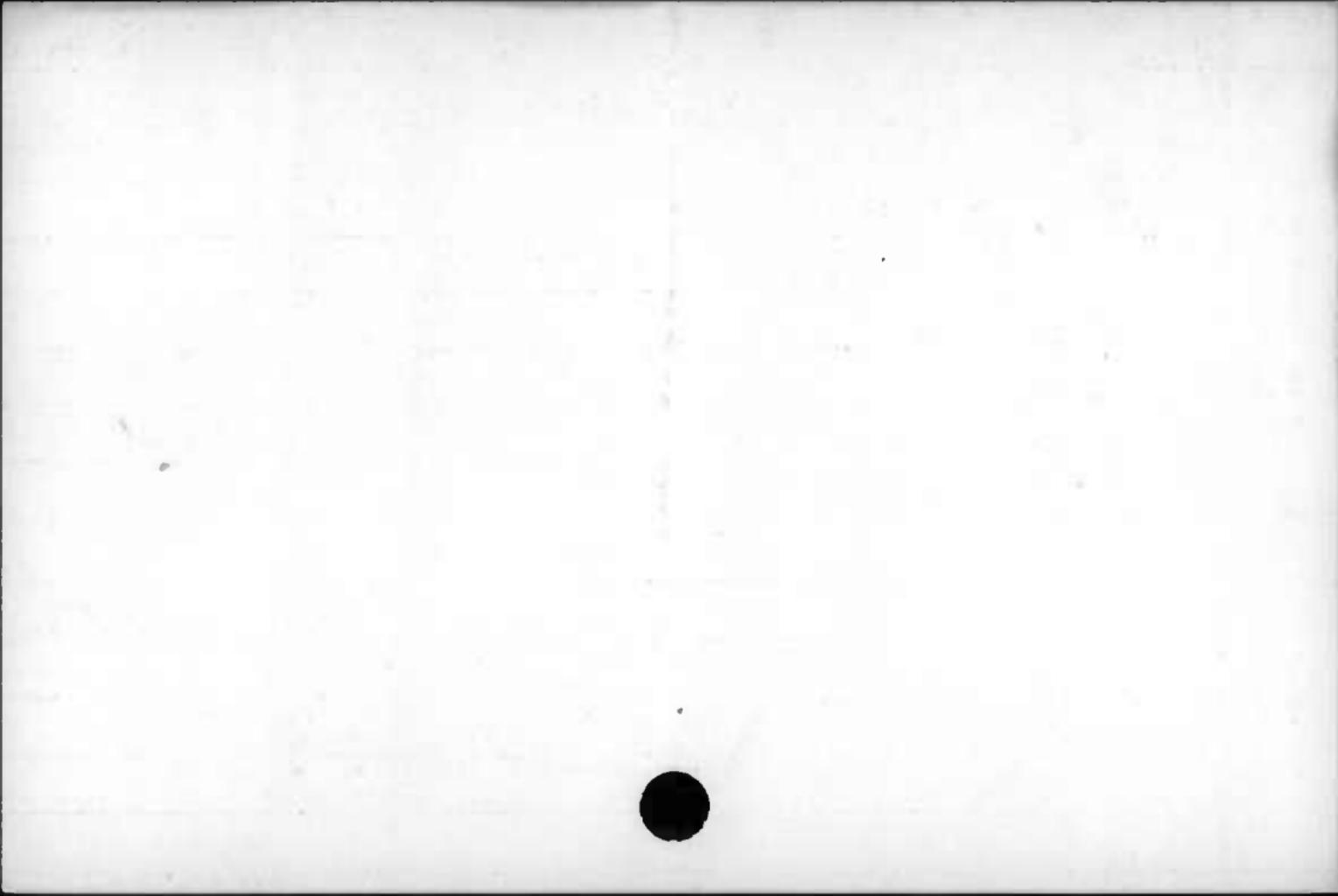
Signature of
Physician

Address

R. Karp Jefferson
Federalsburg
md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wenton</u>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>8</u>	Day <u>9</u>	Years <u>5-4</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Edward W. Liden</u>	Father's Birthplace <u>Md</u>			
Father's Name <u>Lucie Chaffinch</u>	Mother's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Eliza A. Augmunt</u>	How related to deceased <u>Husband</u>				
Name of person giving Information <u>Edward W. Liden</u>					
CAUSES OF DEATH					
Primary	<u>Pulmonary Tuberculosis</u>				
Immediate <u>Same</u>	How long <u>8 months</u>				
How long <u>—</u>					

27

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

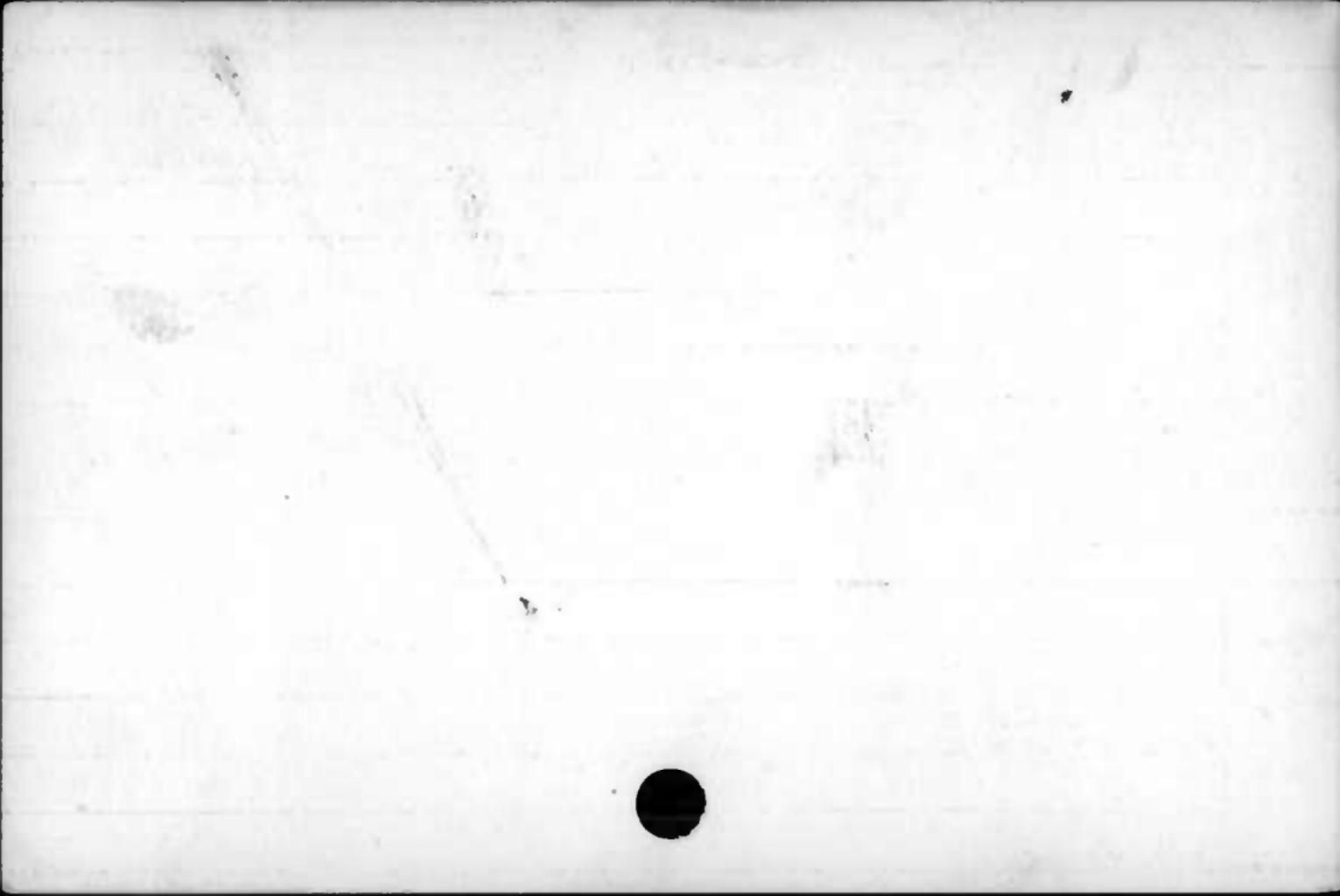
P. P. Disher

Address

Wenton

Md

Accident or Suicide? —



Name
in
Full

W. E. W. Liden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	28	3	0
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Same			
Father's Name	Edmund W Liden			Father's Birthplace	MD
Mother's Maiden Name	Ella Choffnich			Mother's Birthplace	MD
Name of person giving Information	Edmund W Liden			How related to deceased	Father

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	3 weeks
Immediate	Peritonitis	How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P. R. F. Liden
		Address	Denton Md
Accident or Suicide?			



Name
in
Full

Edward Clayton Lord

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at	Brook				
Date of death	Month	Day	Years	Months	Days
1908	Aug	25	55	6	24
Sex	Color or Race	Age	Birthplace		
Male	White	55	Md		
Occupation	Where Residing if not at place of death				
Painter	Grave				
Married, Single or Widowed	Name of Wife or Husband				
Single	None				
Father's Name	Wife & Son	Father's Birthplace	Md		
Mother's Maiden Name	Mary Matthews	Mother's Birthplace	Md		
Name of person giving Information	W E Lord	How related to deceased	Son		

CAUSES OF DEATH

1

Primary

Typhoid fever

How long

3 weeks

Immediate

Heart failure

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

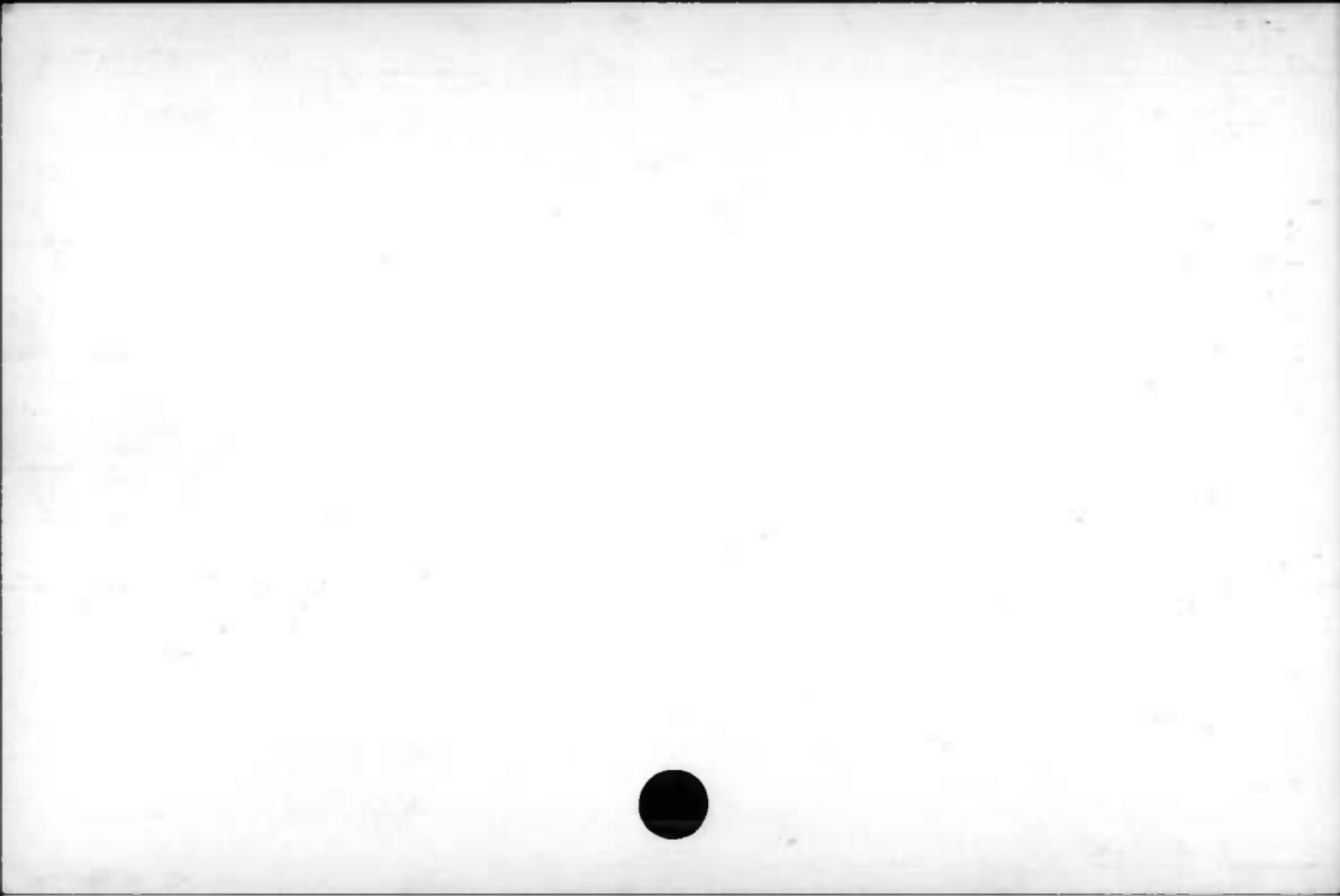
Signature of
Physician

Address

Raymond Barnes

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Anna Mather

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marydel</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1904</u>	Month <u>Aug</u>	Day <u>26</u>	Age <u>—</u>	Years <u>—</u>	Months <u>2</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>		Where Residing if not at place of death <u>at home</u>		
Occupation <u>—</u>	Name of Wife or Husband <u>—</u>					

Married, Single or Widowed —

Father's Name Ann Mather

Father's Birthplace Maryland

Mother's Maiden Name Faula Dickerson

Mother's Birthplace Maryland

Name of person giving information Ann Mather

How related to deceased Sister

CAUSES OF DEATH

105

Primary

Acute myocarditis

How long

3 muls

Immediate

weak heart

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

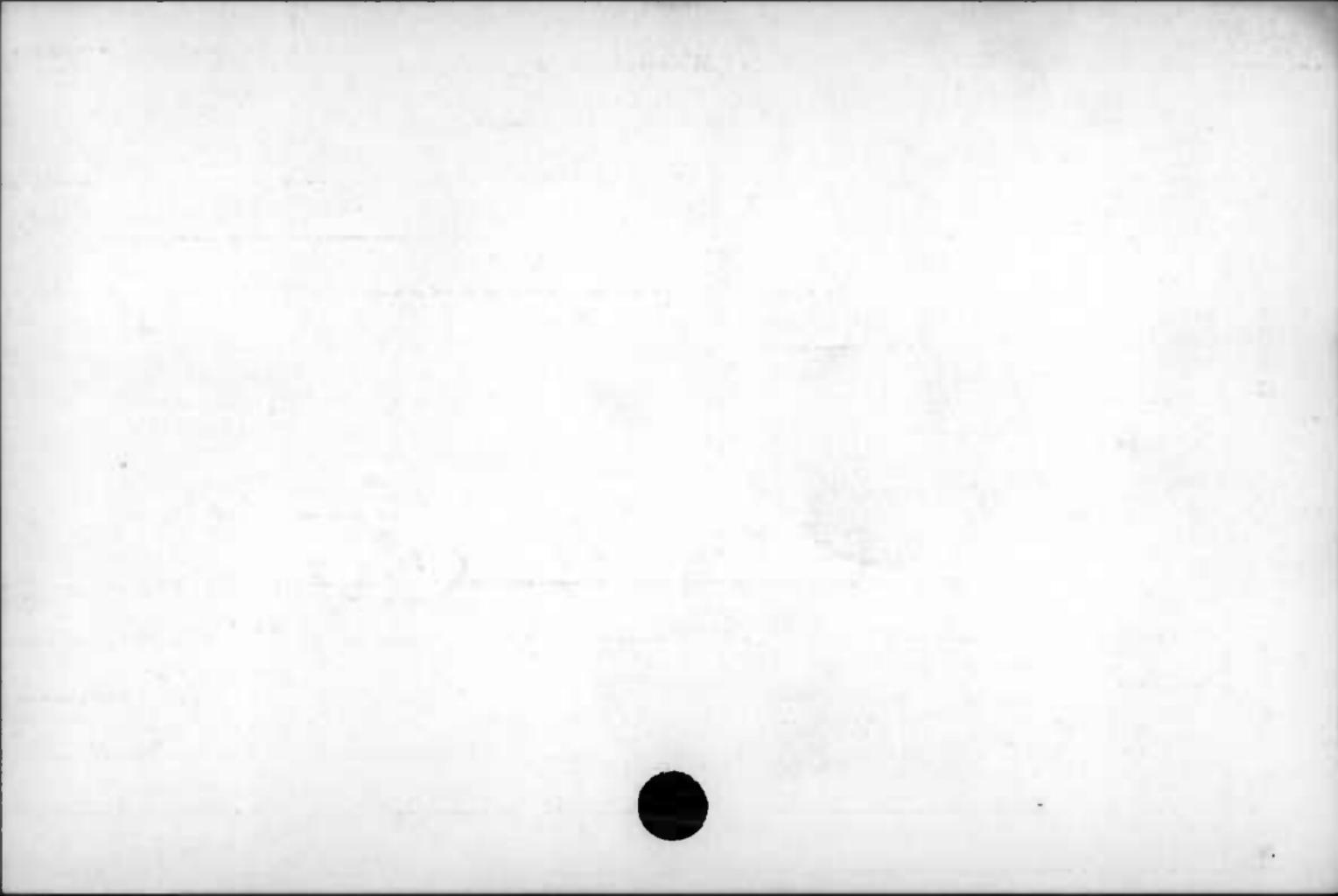
H. E. Egan

Address

Marydel
Del.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

John Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at Near American Corner		Caroline			
Date of death	Month	Day	Age	Years	Months Days
1908	Aug	13	5		7 26
Sex	Male	Color or Race	white	Birth place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Robert Nichols				
Mother's Maiden Name	Cora Butler				
Name of person giving information	Butler Nichols				
Father's Birthplace					
Caroline County					
Mother's Birthplace					
Caroline County					
How related to deceased					
Uncle					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary

Nephritis

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

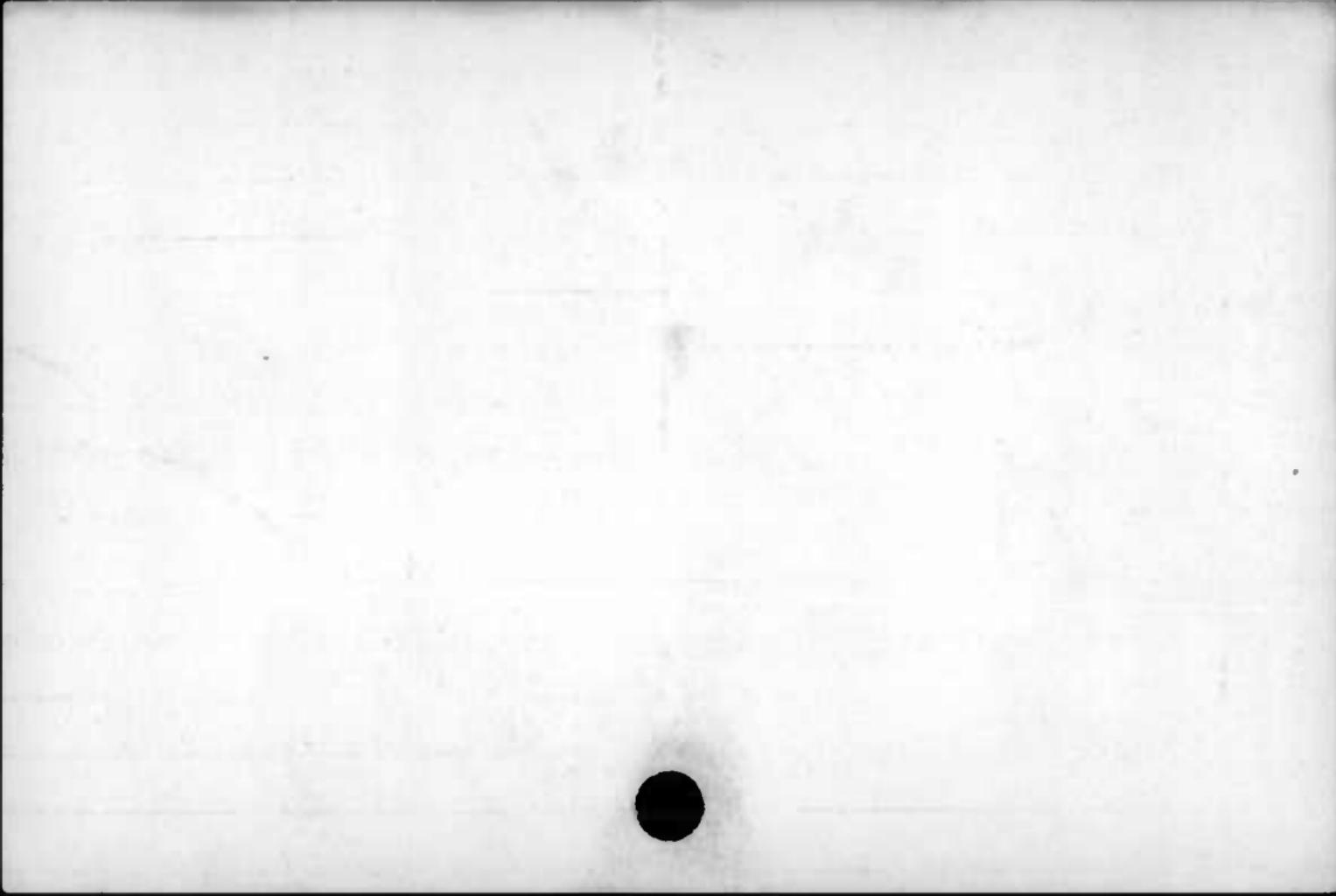
yes

Signature of Physician

Address

G F Galloway
Federalsburg 2nd

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Jonathan J. Hobble

CERTIFICATE OF DEATH

MARYLAND

Died at Town County

near Hyson Caroline

Month Day Year

1908 Aug 5th 84

Montha Days

Age

Montha Days

Sex Color or

Male Race

Occupation

Where Residing if not

at place of death

Male White

Female

Birth-place

Delaware

Married, Single

or Widowed

Name of Wife or

Husband

Father's

Name

Charles Hobble

Father's Birthplace

Jessup Del

Mother's

Maiden Name

Mahalya Davis

Mother's Birthplace

Jessup Del

Name of person giving

Information

Self J. J. Hobble

How related

to deceased

Cousin

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Heart Failure

How long

3 years

Immediate

Brain softening

How long

3 mo.

Are the name, age, sex, color, date

and place correctly given above?

Signature of

Physician

Address

J. Hobble M.D.

Preston
Md.

Accident or Suicide

65



Name
in
Full

Burton W. Parker

CERTIFICATE OF DEATH

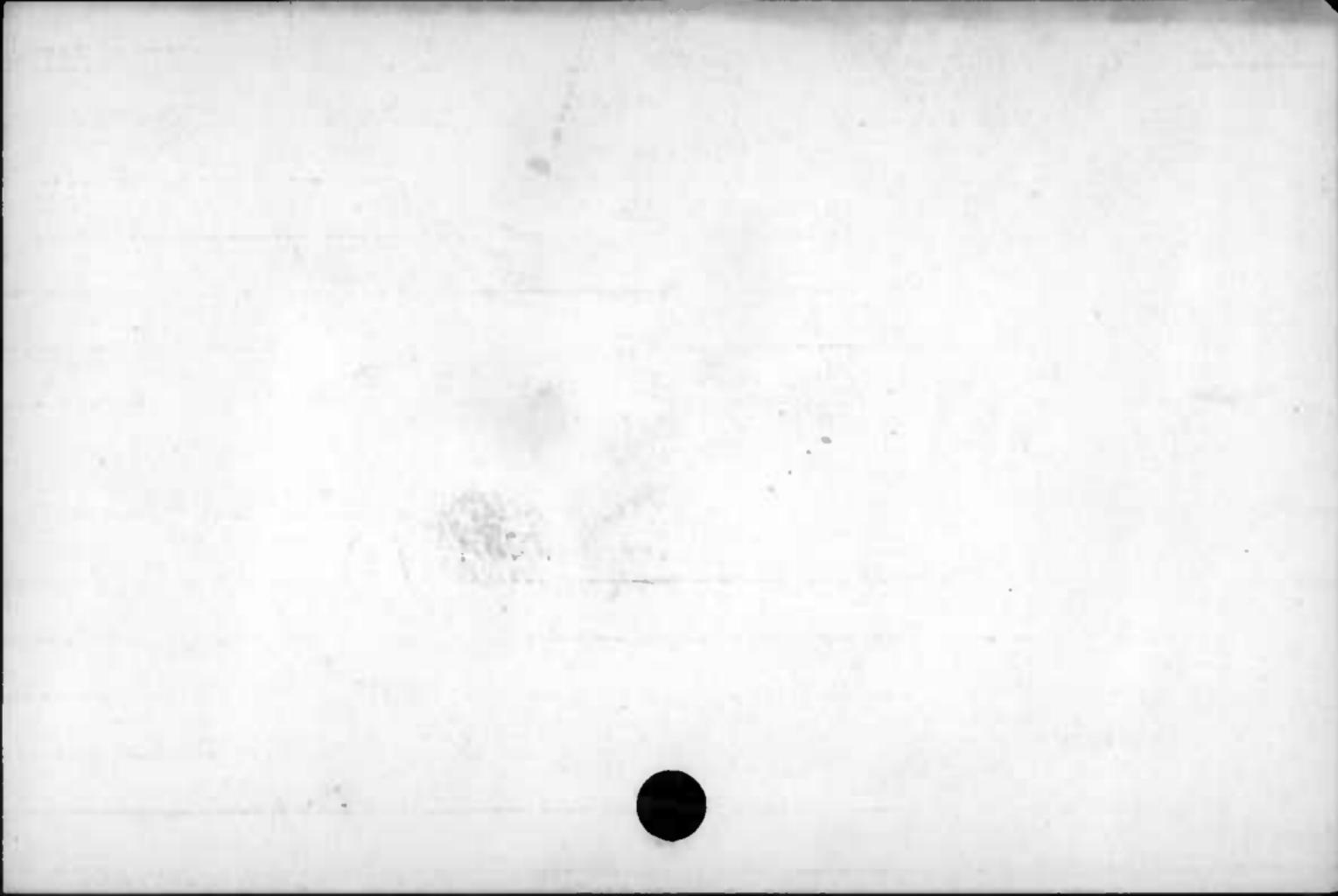
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Name of Wife or Husband	Anna Parker			
Father's Name	William Parker			Father's Birthplace	Don't know
Mother's Maiden Name	Don't know			Mother's Birthplace	Don't know
Name of person giving information	Anna Parker			How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	4 weeks
Immediate	Perforation of bowel			
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	L. W. Binnard	
		Address	Dentone Md.	
Accident or Suicide?				



Name
in
Full

Henry Mobray Poole.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sarah F. Poole			
Father's Name	Samuel Poole				
Mother's Maiden Name	Sarah Francis Sullivan				
Name of person giving Information	Earl Poole				

41

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dorsicinoma. Rectal.

How long

6 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

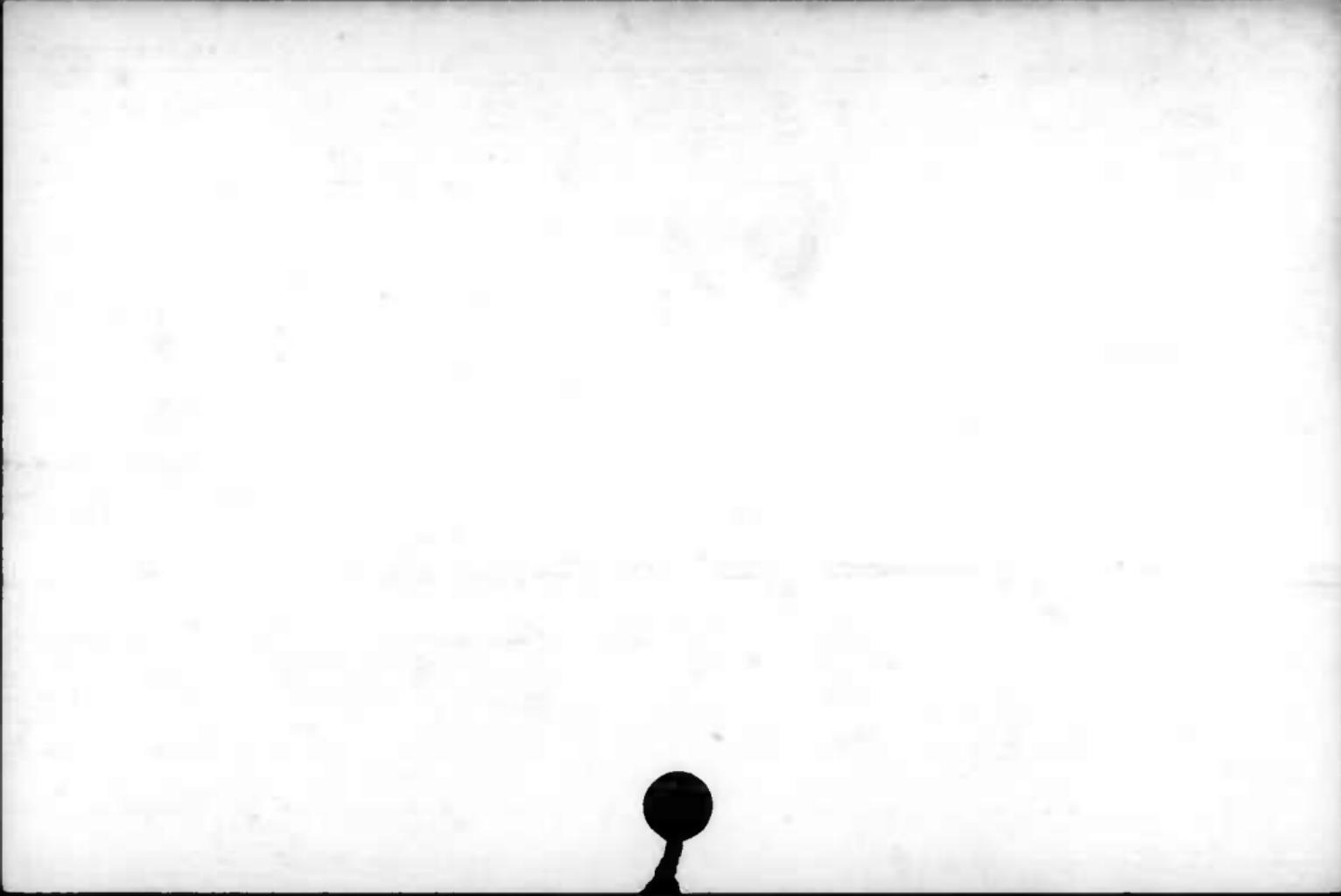
Yes.

Signature of Physician

Address

F. J. Brooks
Federalsburg
Md.

Accident or Suicide



Name
in
Full

Emma Pritchett
near Hillsboro Town
County Coraine

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY

NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1909	Aug	2	6	3	0
Sex	Female	Color or Race	Negro	Birth- place	MD
Occupation	Where Residing if not place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel Pritchett				
Mother's Maiden Name	Mary Young				
Name of person giving Information	Father				

PHYSICIAN
OR CORONER



Primary

Cholera Morbus

(3)

How long

one day

Immediate

Meningitis

How long

three days

Are the name, age, sex, color, date
and place correctly given above?

yes

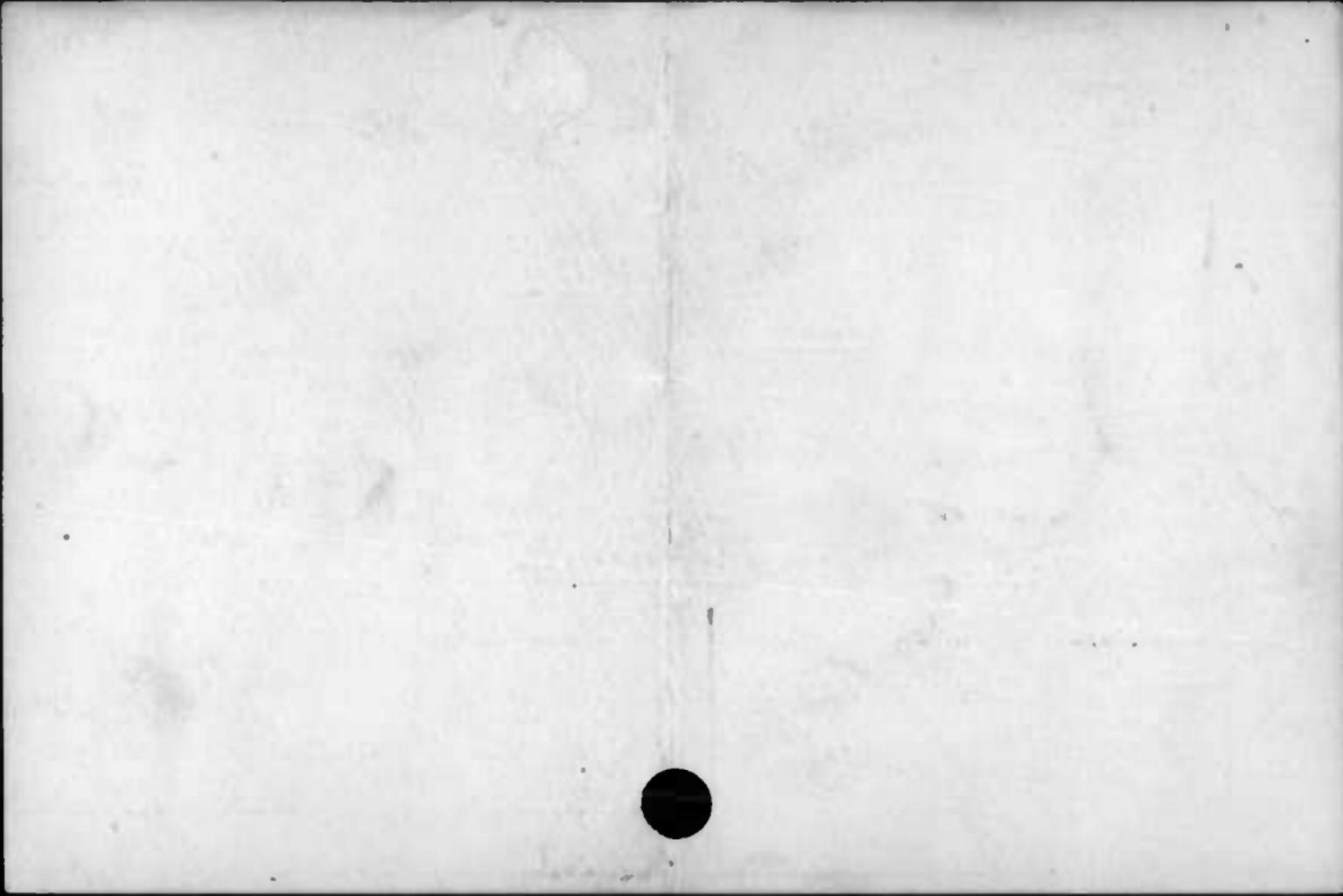
Signature of
Physician

Address

Robley Hackitt, M.D.
Sister Anne
Mo.

Accident or Suicide?

No



Name
in
Full

A Pierce Redhead

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Sarah E Jefferson		
Father's Name	Edward Redhead			md
Mother's Maiden Name	Mary E. Redhead			md
Name of person giving information	Sarah E Redhead			How related to deceased

CAUSES OF DEATH

120

How long

2 years

PHYSICIAN
OR CORONER

Primary

Nephritis

Immediate

Are the name, age, sex, color, date and place correctly given above?

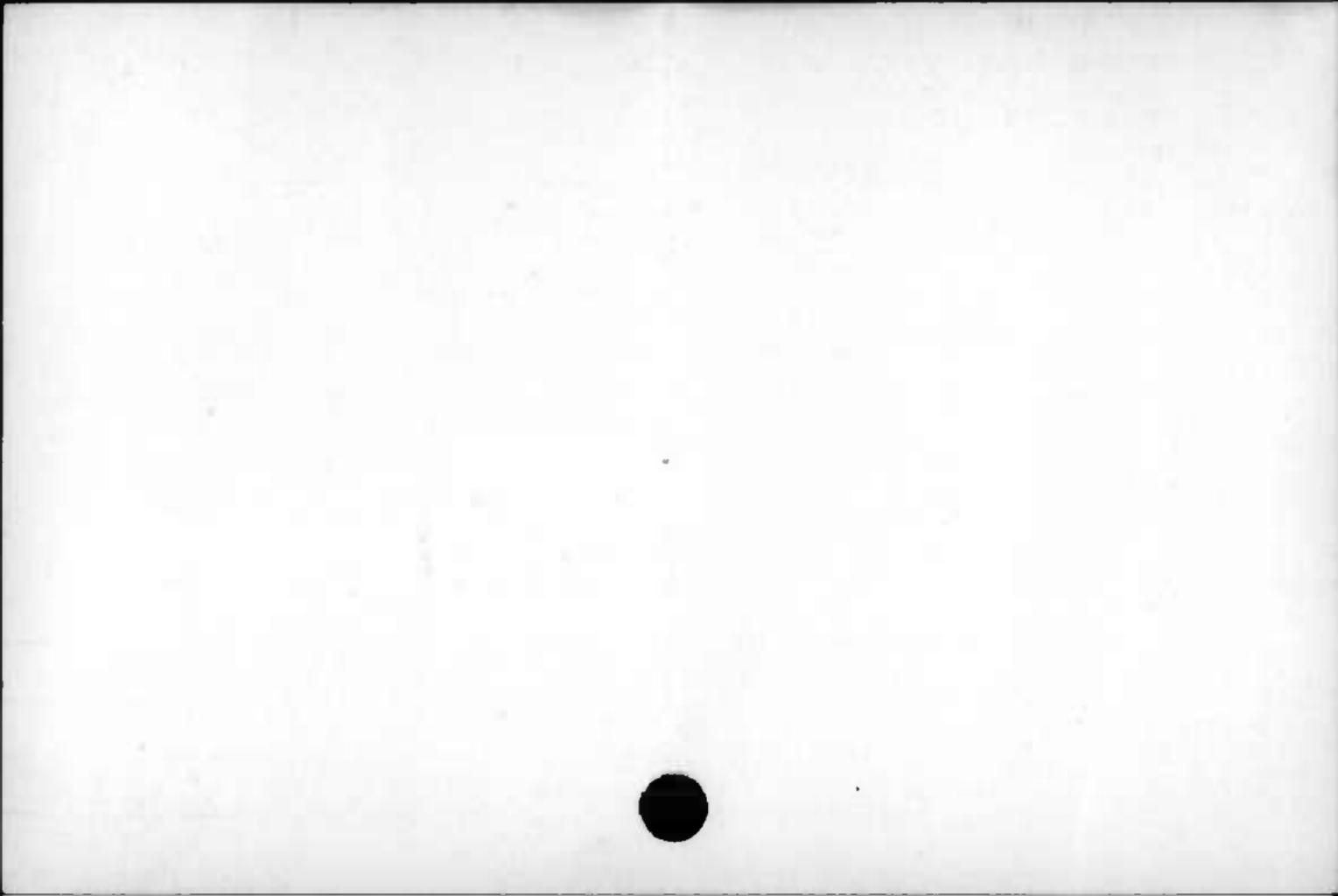
yes

Signature of Physician

Address

R. Kemp Jefferson
Federalsburg
md

Accident or Suicide?



Name
in
Full

Arthur Russell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	8	24	32	3	10
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation	Laborer				
Married, Single or Widowed	Not Married	Name of Wife or Husband	Where Residing if not at place of death	Wade, Md	
Father's Name	Samuel Russell				
Mother's Maiden Name	Mary Harris				
Name of person giving information	Mary Rasm				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: Enteritis
Immediate: Exsanguine

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

Dr. Frank George W.
Wade, Carroll Co. Md

106

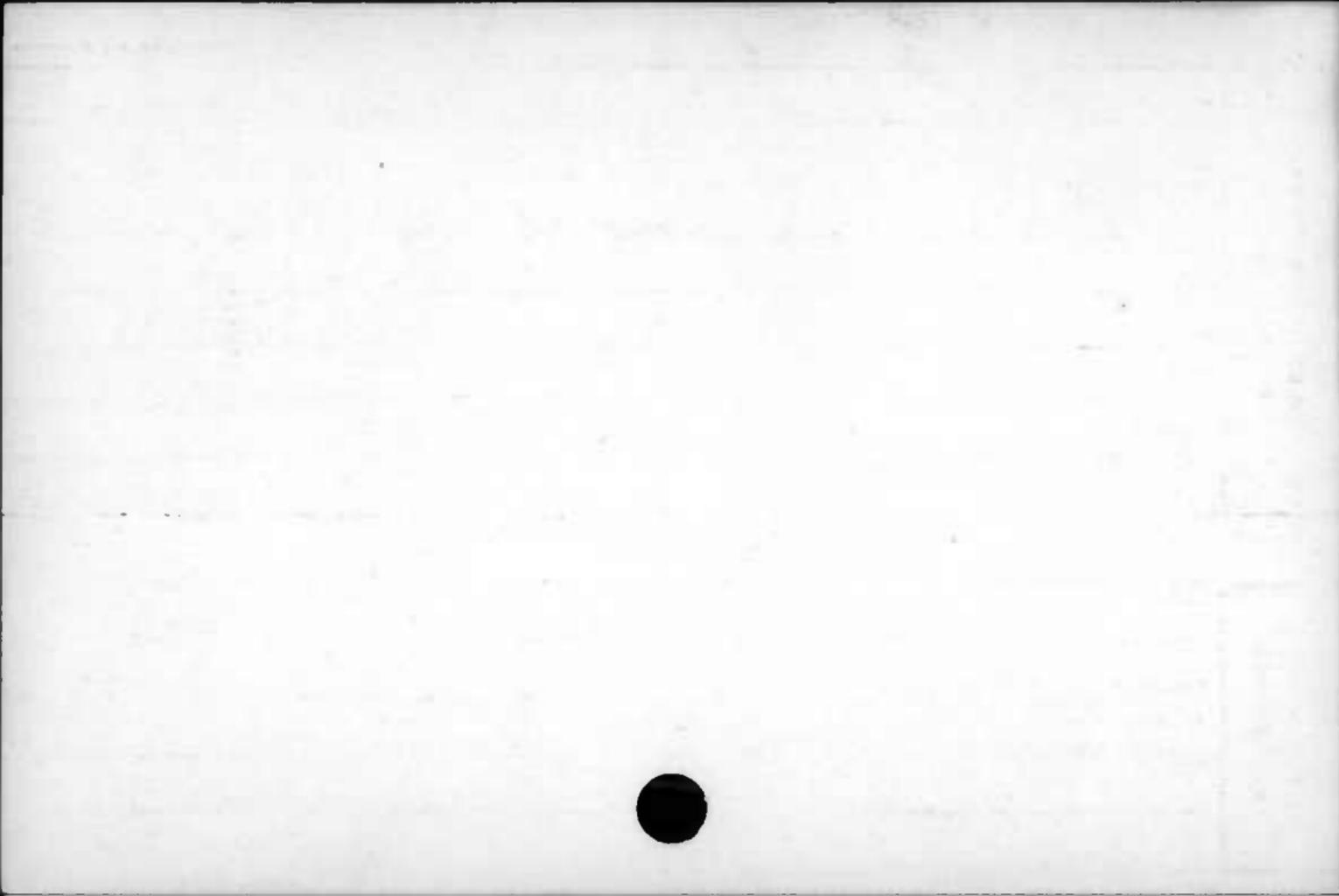
How long

How long

6. Weeks

21st Aug

LIBRARY BUREAU ASSIST



Name
in
Full

John Sheppard.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Birth-place	Caroline Co.
Married, Single or Widowed	Married	Name of Wife or Husband	Millie Ann Sheppard.		
Father's Name	Adam Sheppard.			Father's Birthplace	Caroline Co.
Mother's Maiden Name	Mary Butter			Mother's Birthplace	Caroline Co.
Name of person giving Information	Lora Ann Sheppard.			How related to deceased	Sister-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Heart Disease

79

How long

Immediate

6 weeks.

Are the name, age, sex, color, date and place correctly given above?

Yes.

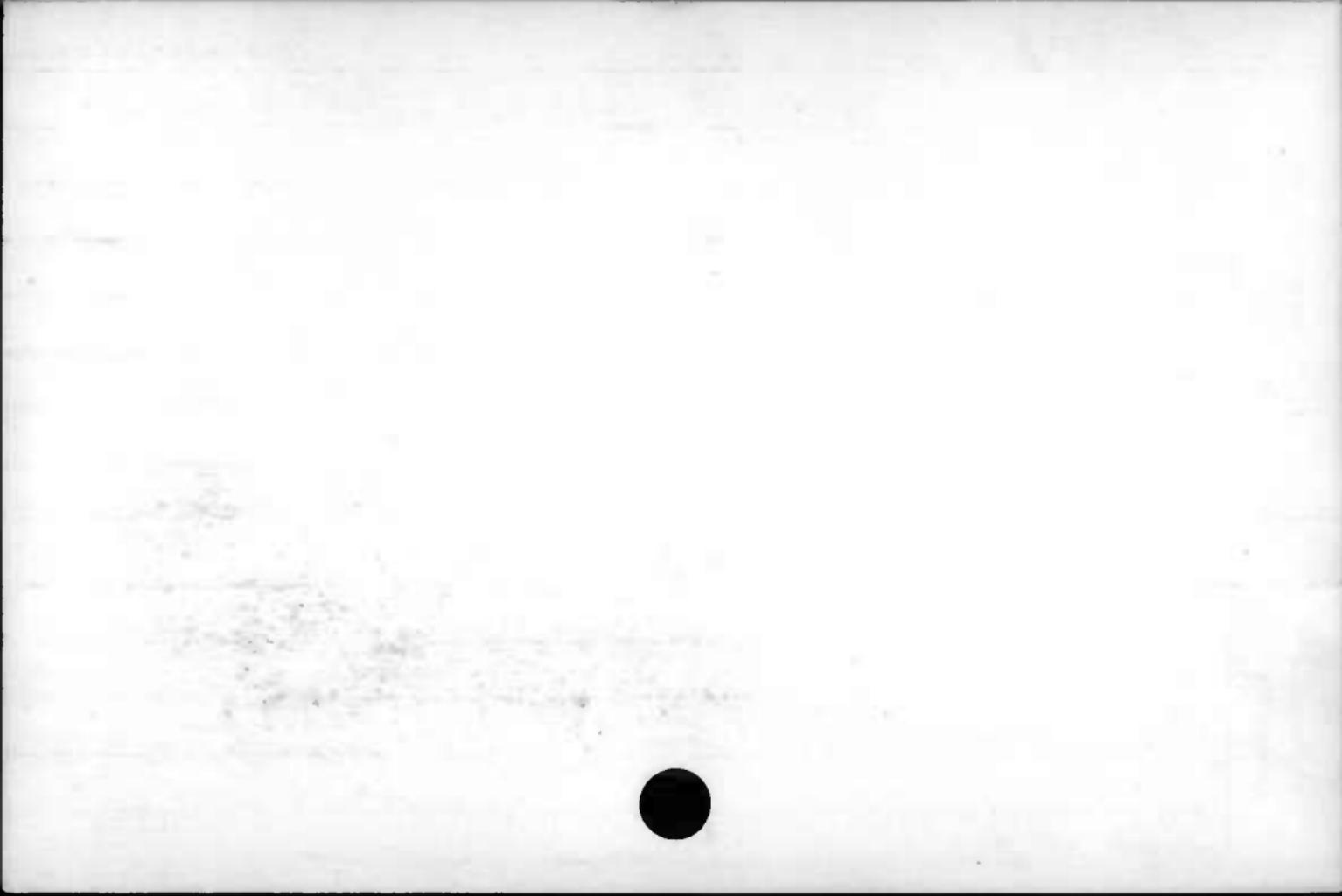
Signature of Physician

Address

F. J. Brooks

Federalsburg, Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1908	Month Aug	Day 3	Age 61	Years	Months	Days
Sex	female	Color or Race	white	Birth- place	Pa		
Occupation	Housewife	Where Residing if not at place of death					
Married, Single or Widowed	married	Name of Wife or Husband	Joseph Smith				
Father's Name	Jessie Downing			Father's Birthplace	Pa		
Mother's Maiden Name	Virginia Downing			Mother's Birthplace	Pa		
Name of person giving Information	Joseph Smith			How related to deceased		husband	

CAUSES OF DEATH

119

How long

7 days

How long

Brights

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

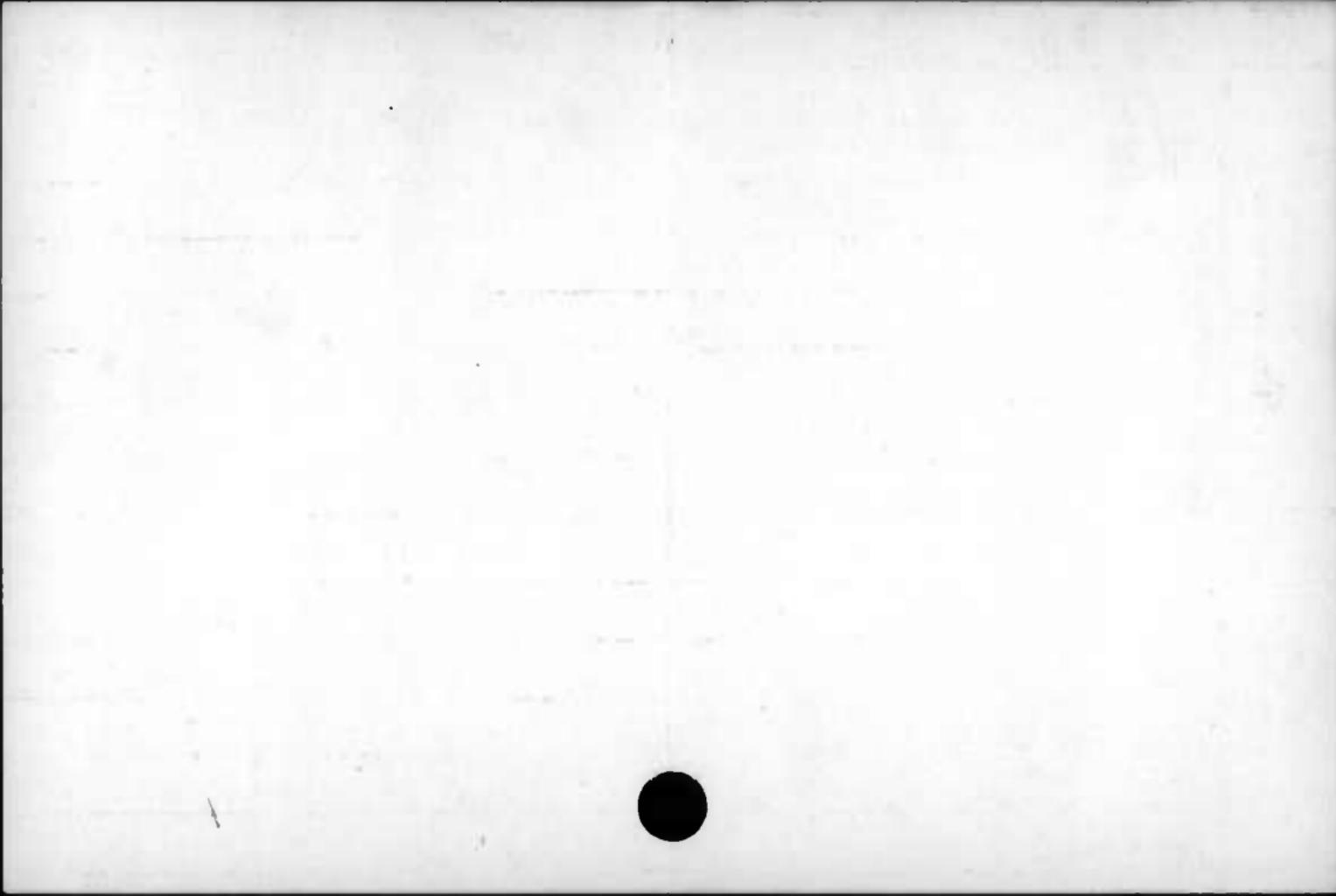
yes

Signature of
Physician

Address

R. Kamp Jefferson
Federalsburg
Md

Accident or Suicide?



Name
in
Full

Annie Spencer

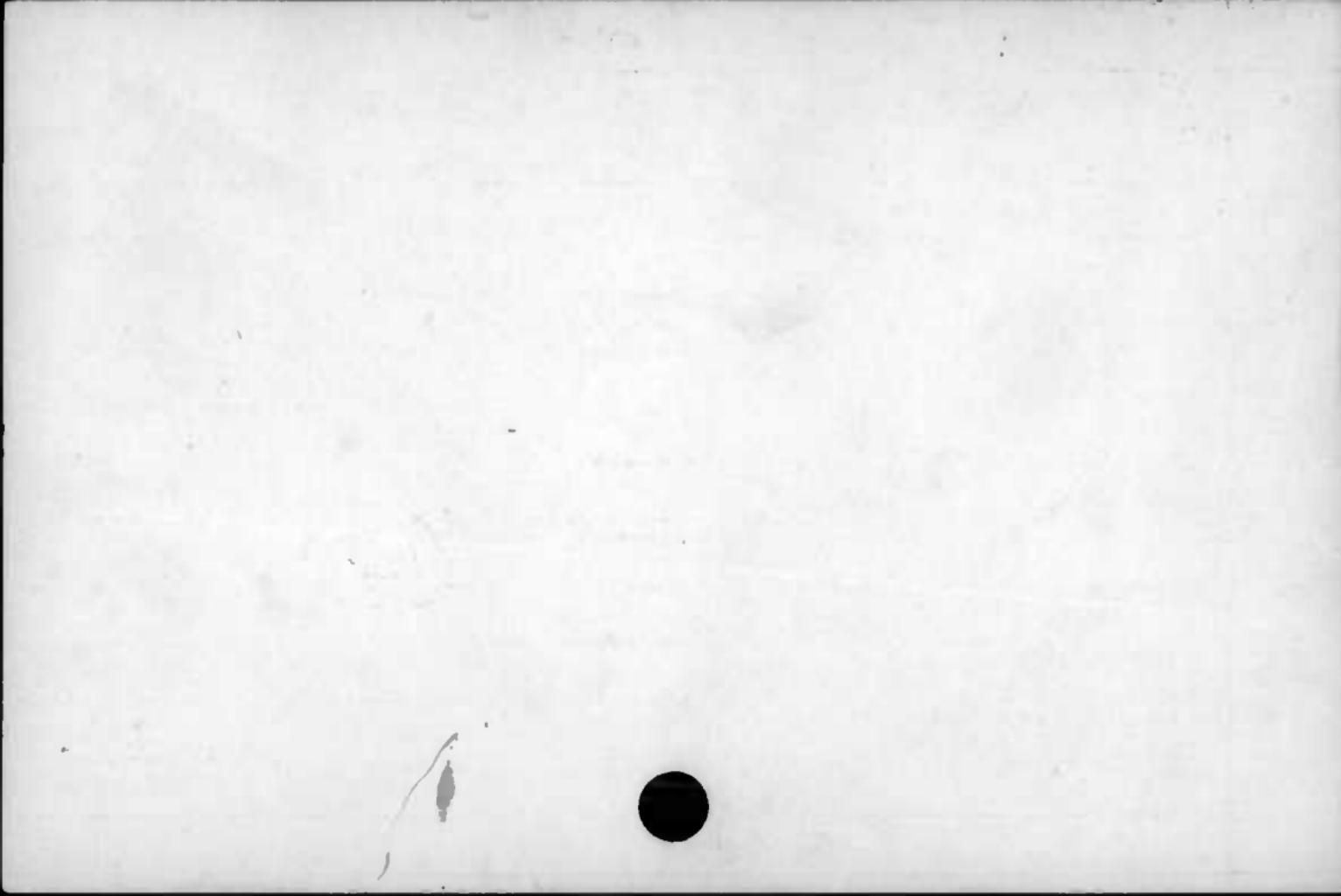
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <u>1908</u> <u>Aug</u> <u>23</u>		Town <u>Burrsville</u>	County <u>Caroline</u>	MARYLAND	
Date of death 1908	Month Aug	Day 23	Years about 19 years	Months	Days
Sex <u>Female</u>	Color or Race <u>White Native</u>	Occupation <u>Houswife</u>	Birth-place <u>Caroline Co., Md.</u>		
Married, Single or Widowed					
Name of Wife or Husband	<u>Katherine Spencer</u>				
Father's Name <u>Major</u>	Age <u>66</u>	Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Emily</u>	Month <u>June</u>	Mother's Birthplace <u>Maryland</u>			
Name of person giving Information <u>Gwendolyn Spencer</u>	How related to deceased <u>Daughter</u>				
CAUSES OF DEATH					
Primary <u>Perforated Appendicitis</u>	138				
Immediate <u>Peritonitis</u>	How long 12 hours				
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Theophilus May</u>	How long 12 hours			
	Address <u>Burrsville</u>				

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Silas Edwin Story

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Year

Months

Days

Date
of death

1908 Aug 9

Age

3

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Silas Edwin Story

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Elley Story

Mother's
Birthplace

Maryland

Name of person giving
Information

Silas Edwin Story

How related
to deceased

Father

CAUSES OF DEATH

105

How long

Primary

Cholera infantum

24 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Informant J. Hobble

Add.

No Physician

Prinston

Accident or Suicide

Death Heavies

in Case

Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Eliza Sylvestre

CERTIFICATE OF DEATH

Died at Flame House Town

County

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death 1904

8

29

90

Years

—

—

Sex

Female

Color or
Race

White

Birth-
place

not known

Occupation

Where Residing if not
at place of death

Married Widowed

Name of Wife or
Husband

not known

Father's
Name

T. Anderson

Father's
Birthplace

not known

Mother's
Maiden Name

T. Anderson

Mother's
Birthplace

not known

Name of person giving
Information

Wm. Gray

How related
to deceased

Relative

CAUSES OF DEATH

83

How long

3 years

How long

one month

Primary

Gen. debility

—

Immediate

Hemorrhoids

Signature of
Physician

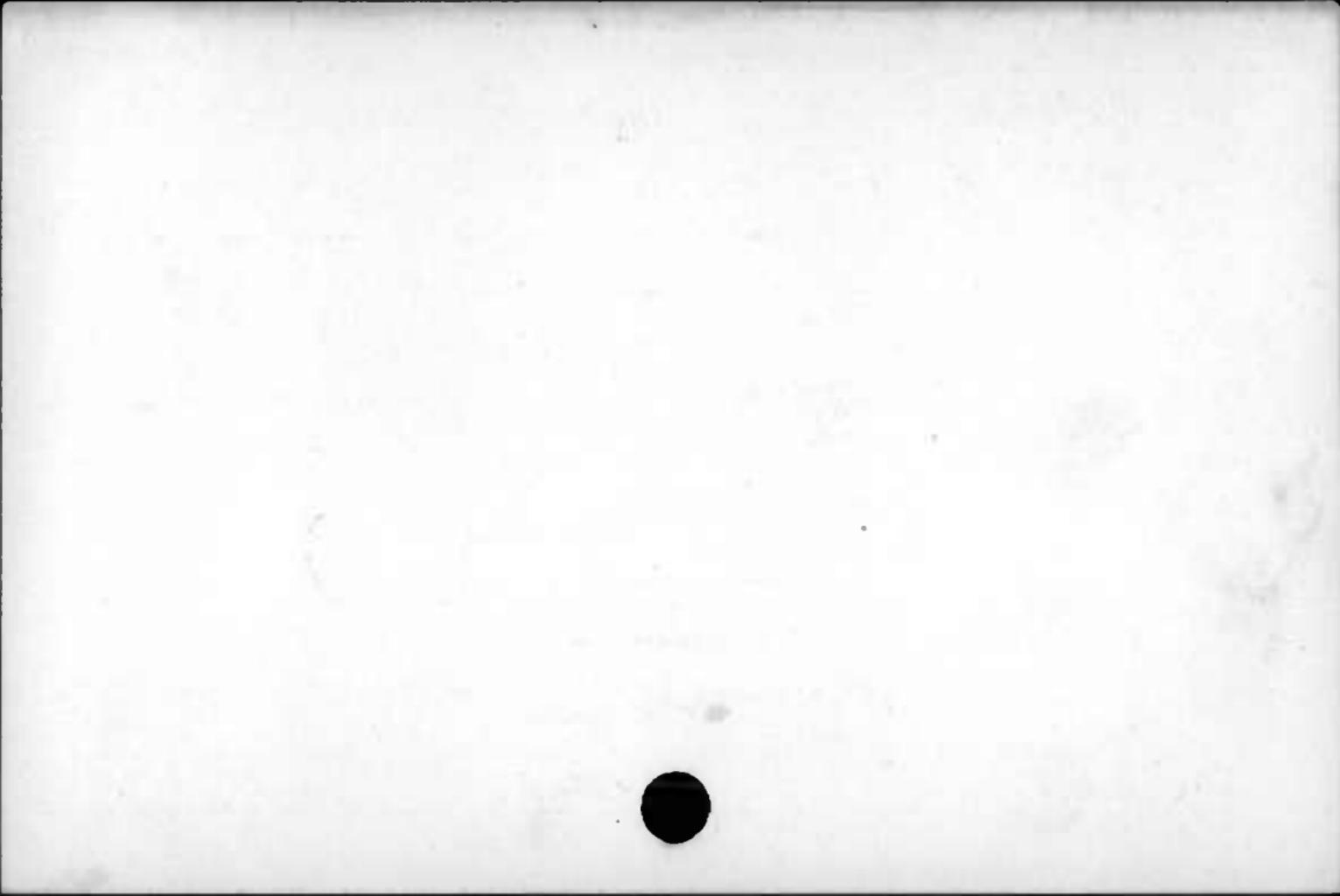
Address

Therapeutic

Insurance

W. A.

Accident or Suicide?



Name
in
Full

Isaac Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

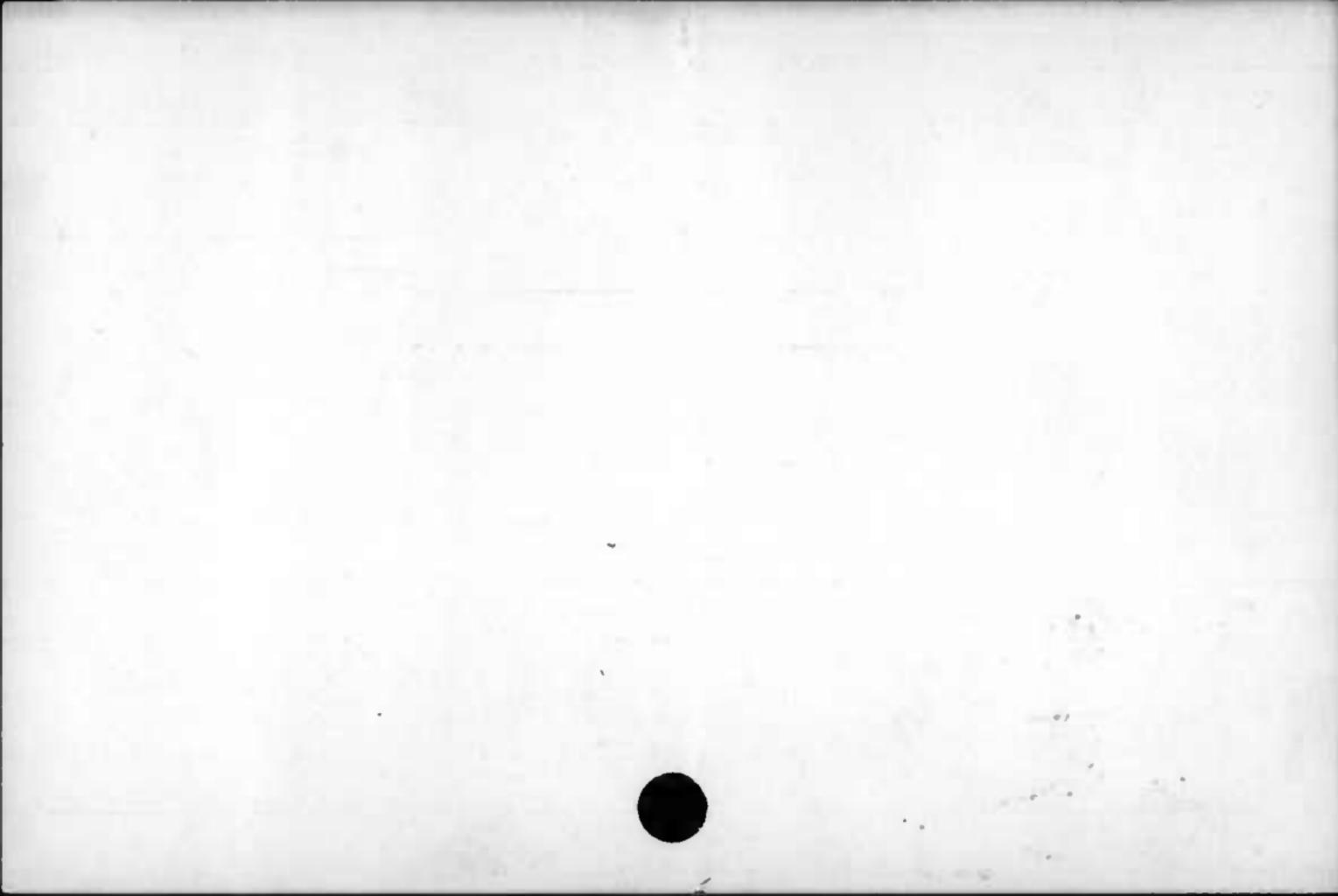
Died at <u>Ridgely</u> Town <u>Caroline</u> County		MARYLAND		
Date of death <u>190</u>	Month <u>Aug.</u>	Day <u>16</u>	Years <u>65</u>	Months <u>-</u> Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Blacks</u>	Birth-place <u>Caroline Co.</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>_____</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Anna Thomas</u>	Father's Birthplace <u>Don't Knw</u>		
Father's Name <u>Don't Knw.</u>	Mother's Birthplace <u>Don't Knw</u>			
Mother's Maiden Name <u>Don't Knw.</u>	How related to deceased <u>Son-in law.</u>			
Name of person giving information <u>John Young</u>				

CAUSES OF DEATH

79

Primary <u>Natural regeneration</u>	How long <u>77 yrs.</u>
Immediate <u>Heart failure-dilatation</u>	How long <u>6 mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. W. Young MD</u> Address <u>Wellboro Me</u>
Accident or Suicide? <u>No</u>	

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1908	Month Aug	Day 19	Years	Months	Days
Sex	Color or Race	Age	Birth-place	Federalsburg	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Federalsburg			
Father's Name	Walter Price	Father's Birthplace	Caroline Co		
Mother's Maiden Name	Dora McWhan	Mother's Birthplace	Caroline Co		
Name of person giving Information	Unrelated to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born.

(S)

How long

Immediate

How long

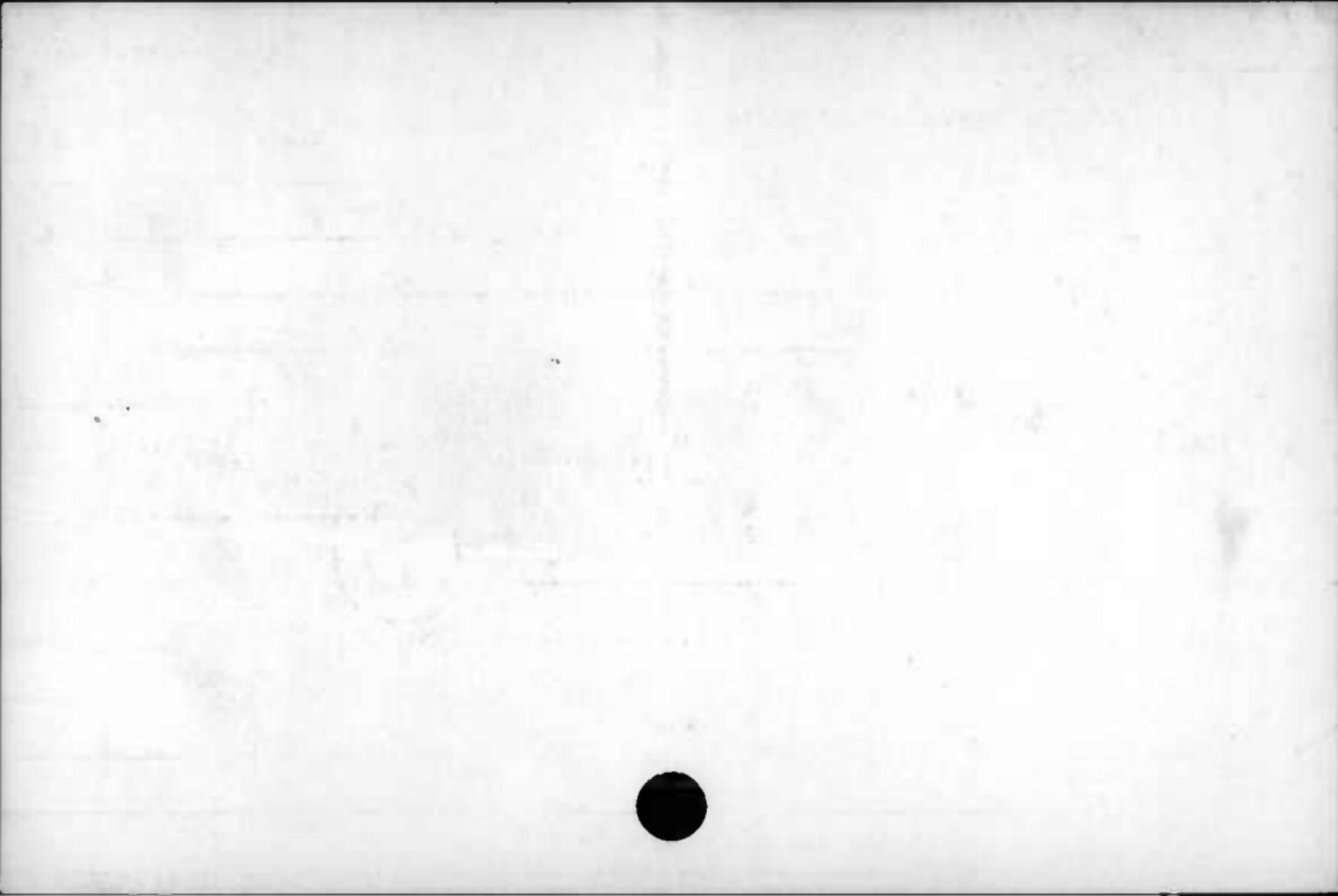
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. J. Brooks.
Federalsburg
Md.

Accident or Suicide?



Name
in
Full

James T Webber

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Greensboro</u>		Town	<u>Caroline</u>		County	MARYLAND	
Date of death	1908	Month Aug	Day 27	Age 66	Years	Months	Days
Sex	Male	Color or Race	white		Birth-place	Caroline Co Md	
Occupation	Farmer		Where Residing if not at place of death		Caroline Co		
Married, Single or Widowed	Widower	Name of Wife or	Mary Bilderback				
Father's Name	William Webber				Father's Birthplace	Caroline Co	
Mother's Maiden Name	Maytha Voss				Mother's Birthplace	Caroline Co	
Name of person giving Information	Wm S Webber				How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Paralysis and Acute indigestion

How long

6 hours

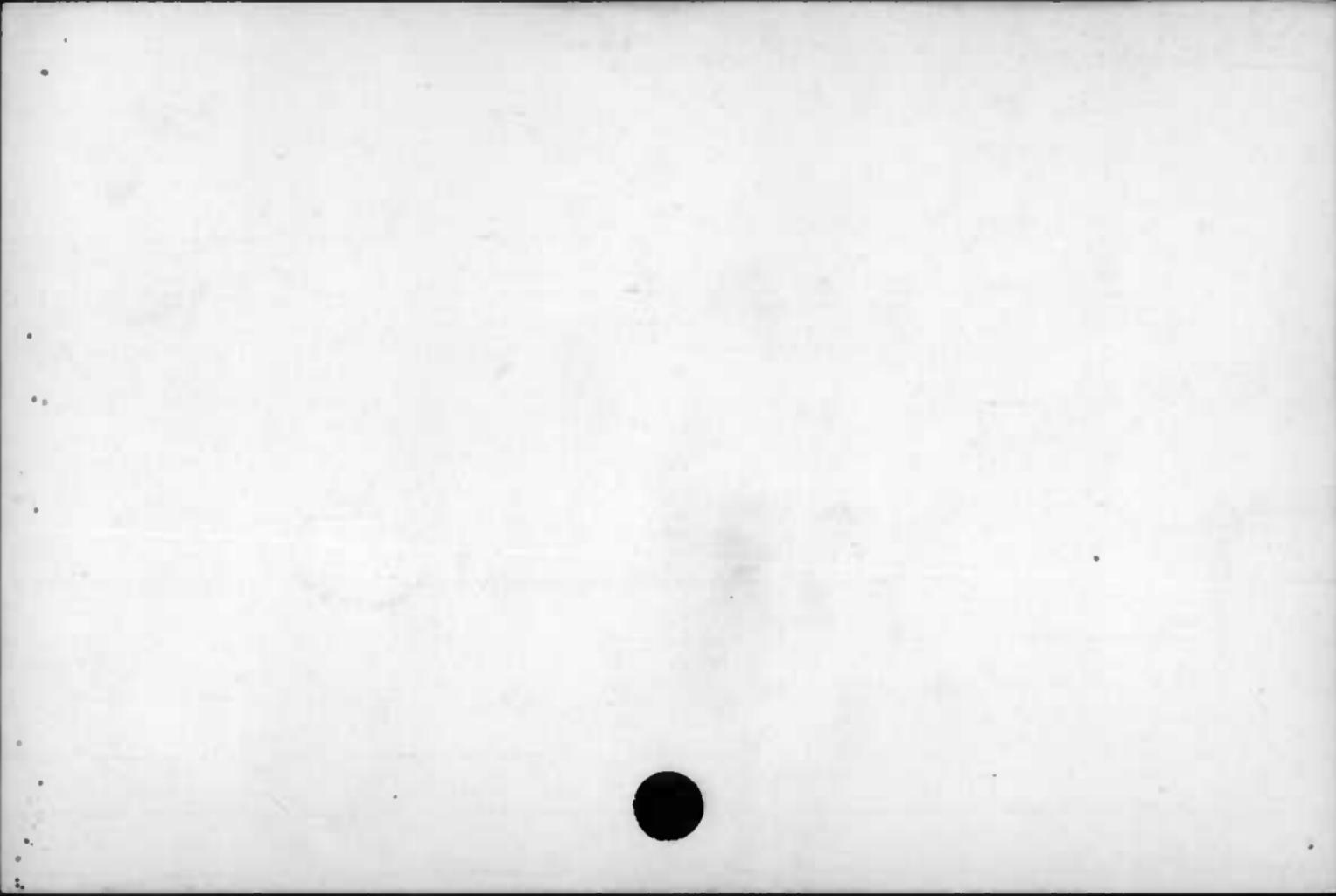
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Edward B. Maloy Coroner
Greensboro Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month Aug	Day 14	Years 69	Months	Days
Sex	female	Color or Race	white	Birth-place	Md	
Occupation	retired					
Married, Single or Widowed	widow	Name of Wife or Husband	Simeon West			
Father's Name	Robert E Kemp					
Mother's Maiden Name	Caroline Thomas					
Name of person giving information	R. E. Jefferson					

CAUSES OF DEATH

79

How long

How long

PHYSICIAN
OR CORONER

Primary

Heart Disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

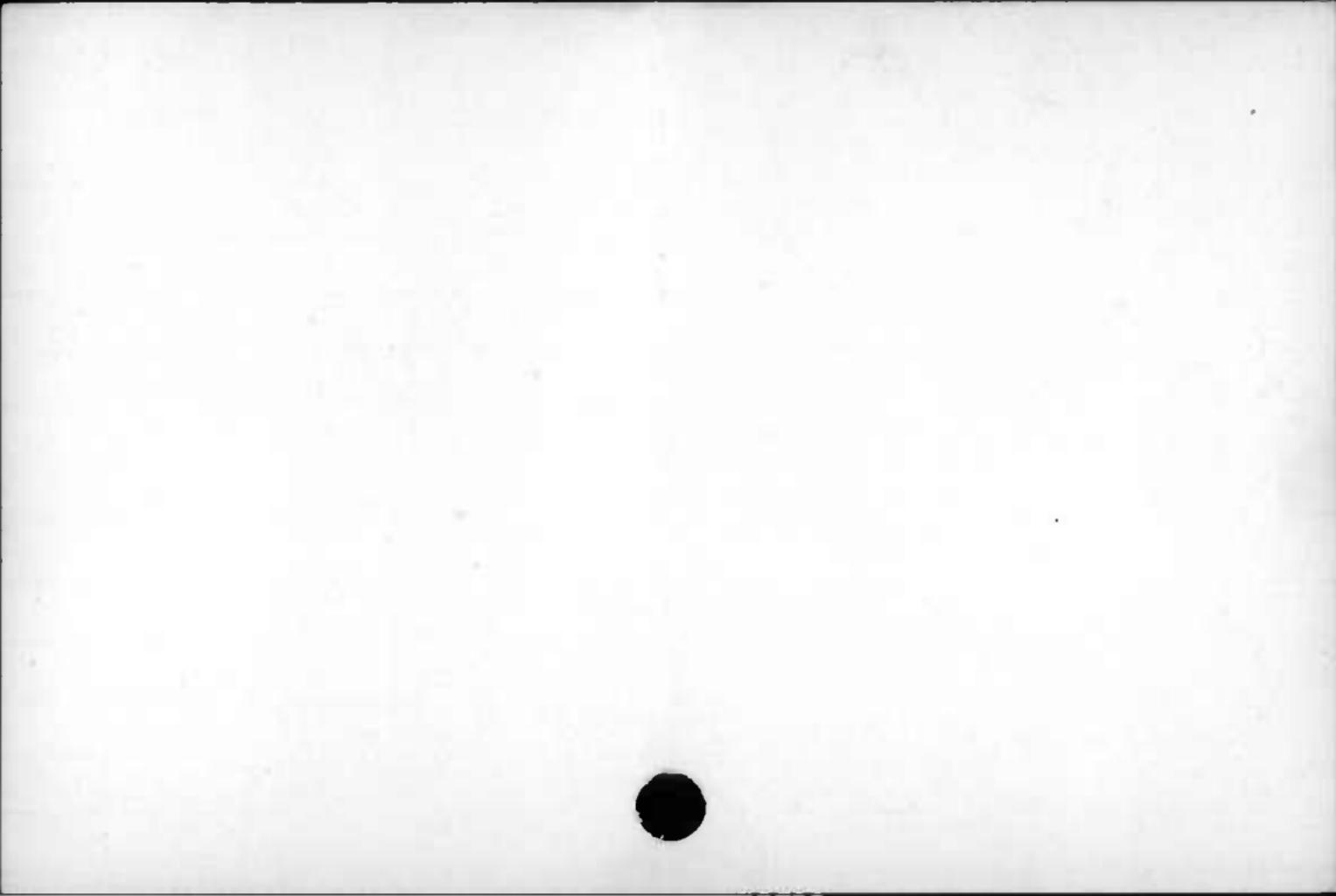
yes

Signature of Physician

Address

R. E. Jefferson
Federalsburg Md

Accident or Suicide?



Name
in
Full

Susa Whitty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place		County Co	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1908 8 2 — 4 —

Female White

Frank Whitty Maryland

Amie Sander Maryland

Frank Whitty Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Chorea Infantum* How long 1 month

Immediate *Exsanguination* How long 1 day

Are the name, age, sex, color, date and place correctly given above?

yes

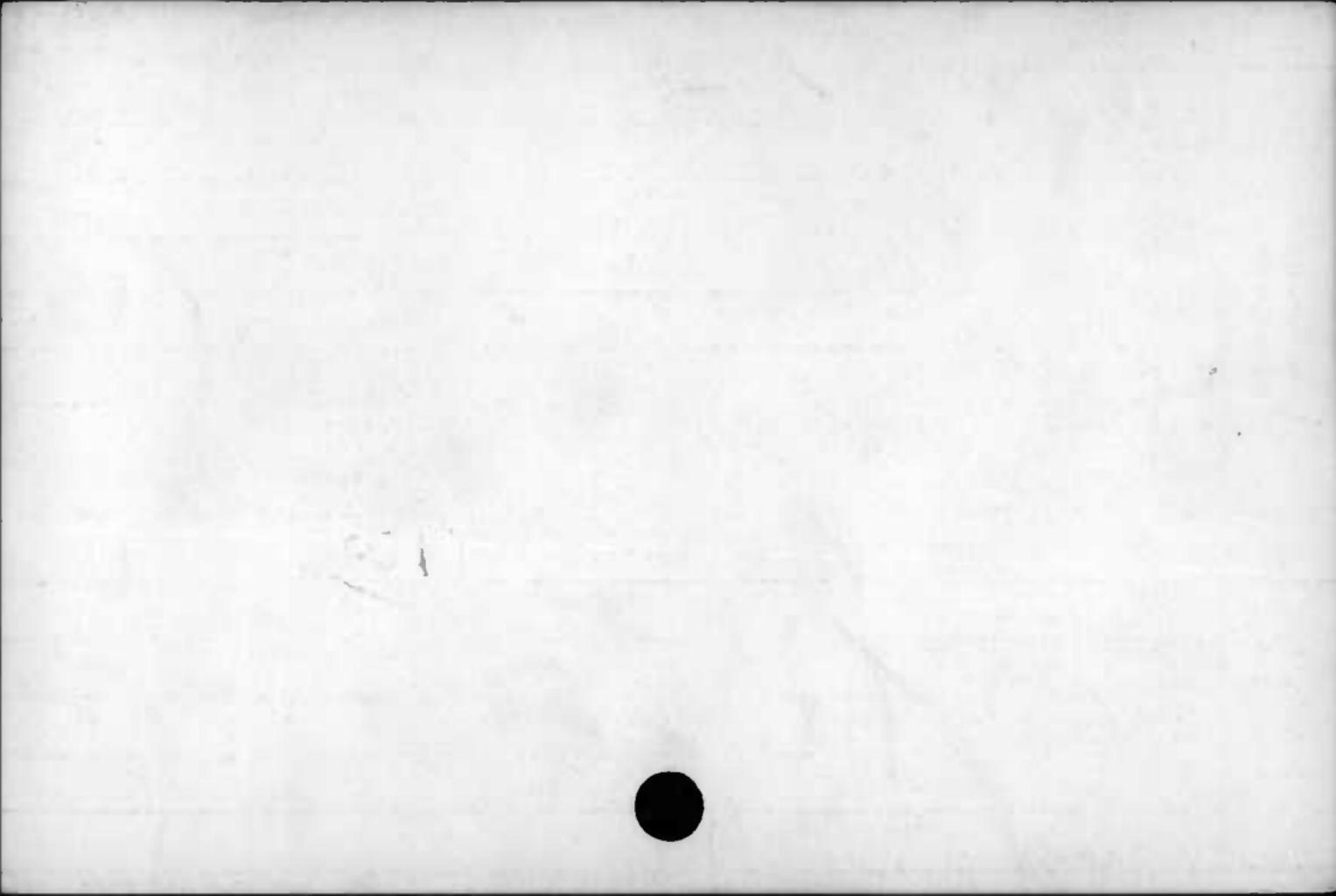
Signature of Physician

J. M. Nichols

Address

Denton Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Julia J Bright

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	1908	Month Aug	Years 72	Months	Days
Sex	female	Color or Race	white	Birth-place	md
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	widow	Name of Wife or Husband	James Bright	Father's Birthplace	md
Father's Name	Robert Elliott	Mother's Maiden Name	unknown	Mother's Birthplace	md
Name of person giving Information	Corinne Mowbray	How related to deceased	daughter	How long	several years

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

several years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. Kemp Jefferson
Federalsburg
md

Accident or Suicide?

